

UNIVERSITY OF NOTRE DAME ATHLETICS



ATHLETICS COMPLIANCE OFFICE ROSTER DELETION FORM

Sport: _____

Name of athlete changing status: _____

NDID: _____

Date of deletion: _____

- Reason: Cut/Dismissed
 Injured
 Quit Team/Voluntary
 Withdrew from university
 Other, please explain below

Is this student-athlete receiving athletics grant-in-aid? Yes No

If yes, is the head coach requesting the athletics aid be terminated effective the drop date? Yes No

Comments: _____

Head Coach Signature: _____ **Date:** _____

Sport Administrator Signature: _____ **Date:** _____

Required for all Roster Deletion Forms

PLEASE RETURN COMPLETED FORMS TO: Heidi Uebelhor

For Compliance Use

- Aegis
- Banner - SGASPR
- CA
- Email Listserv
- Grant-in-Aid? If yes, cancel/non-renewal & date sent?
- JumpForward
- Roster