



# Student-Athlete Voluntary Withdrawal Form



STUDENT-ATHLETE NAME: \_\_\_\_\_

TEAM: \_\_\_\_\_ STUDENT ID NO.: \_\_\_\_\_ DATE: \_\_\_\_\_

I do hereby confirm my voluntary withdrawal from the team. I understand that this may affect my athletics scholarship, if I am currently receiving one.

STUDENT-ATHLETE SIGNATURE: \_\_\_\_\_

Per Bylaw 15.3.4, this student-athlete's athletically-related financial aid will be handled in the following manner (***applicable choice to be initialed by head coach and student-athlete***):

- \_\_\_\_\_ CONTINUE TO GRANT THE AID FOR THE REMAINDER OF THE CURRENT ACADEMIC YEAR
- \_\_\_\_\_ CANCEL THE AID, EFFECTIVE AT THE END OF THE CURRENT TERM
- \_\_\_\_\_ CANCEL THE AID, EFFECTIVE IMMEDIATELY (If aid has disbursed, student-athlete will be billed)
- \_\_\_\_\_ THIS STUDENT-ATHLETE IS NOT RECEIVING ATHLETICALLY-RELATED AID

\_\_\_\_\_  
*HEAD COACH*

\_\_\_\_\_  
*STUDENT-ATHLETE*

\_\_\_\_\_  
*SUPERVISING ASSOCIATE AD*

\_\_\_\_\_  
*ASSISTANT AD FOR COMPLIANCE*

cc:      Head Coach                                      Supervising Associate AD                                      Athletics Business Office  
            Office of Scholarships & Financial Aid      Athletics Compliance Office