

# MEDAILLE COLLEGE ATHLETICS ROSTER DELETION FORM

SPORT: \_\_\_\_\_

Name of Student-Athlete: \_\_\_\_\_ Class Year: \_\_\_\_\_

Reason for Deletion: (circle one)      Quit Team:      Cut/Dismissed

Date of Roster Change: \_\_\_\_\_

Did this student-athlete receive coaching?      Yes      No

Did this student-athlete play against outside competition?      Yes      No

Coach's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please provide rationale and attach any supporting documentation regarding the roster deletion.**

**NOTE: The Director of Athletics signature will be required for roster deletions to become official.**

**Approval for deletions should be requested before announcement to the student-athlete.**

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Comments:

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Director of Athletics Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Compliance Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed form to Sports Information Office**