



CSUB ATHLETICS CHANGE OF STATUS FORM

Please use this form when there is a change in roster status of a student-athlete.

SPORT: _____

DATE: _____

Student-Athlete: _____

ADD

CUT REASON: _____

Please attach a formal letter with a detailed explanation of reasoning.

QUIT REASON: _____

DATE CUT/QUIT FROM THE SQUAD: _____

RECEIVING GRANT-IN-AID YES NO

CANCEL GRANT-IN-AID YES NO

THE EFFECTIVE DATE TO CANCEL THE GRANT-IN-AID: _____

I hereby certify that to the best of my knowledge, the information given is correct and complete. I understand that if I knowingly give false information, or violate CSUB or NCAA rules, my employment in the CSUB athletic department may be jeopardized.

Coach Signature

Date