



ROSTER DELETION(S)

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Team: _____ Coach: _____ Date: _____

Student-Athlete Information

Name: _____ Soc. Sec. #: _____

Date of Deletion: _____ Reason for Deletion: Quit
 Cut
 Medical Disqualification
 Other _____

Name: _____ Soc. Sec. #: _____

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 Cut
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 Other _____

* Please send completed form to the Compliance Office *

<p>For Compliance Office Use Only</p> <p>Copied to Registrar, Student Services and CPIA: _ _____</p> <p>Student File Updated: _____</p> <p>NCAA Compliance Software Updated: _____</p> <p>ACCESS database Updated: _____</p>	<p>Initialed: _____</p>
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