



**Bemidji State University
Office of Athletics Compliance**

Roster Change Form

Withdrawal from team:

Head Coach: This form, if signed by you, informs all entities of the Athletic Department that the student-athlete named below has officially withdrawn from the team named below.

The Office of Civil Rights requires for Title IX purposes that any student-athlete who receive coaching or financial aid after the first competition for that sport count toward that team's roster size.

Name of Student-Athlete: _____

Sport _____ Date of Withdrawal _____

Reason(s) for leaving (ex. – cut, ineligible, quit, left school, etc.) _____

Institution they plan to attend (if known) _____

Cancel Scholarship? Y N Date Effective _____

Comments/Additional Information _____

Signature of Head Coach _____ Date _____

Addition to team:

Name of Student-Athlete: _____

Sport _____ DOB or BSU ID# _____

E-mail _____

Anticipated Start Date _____ First semester of enrollment at BSU _____

Yrs. of eligibility remaining _____ Recruited? Y N Transfer? Y N

Institution most recently attended (if applicable) _____

Signature of Head Coach _____ Date _____