

# ST. CLOUD STATE UNIVERSITY

## Athletic Department

### Cancellation of Athletic Aid

Student-Athlete's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Sport: \_\_\_\_\_

ID #: \_\_\_\_\_

Reason for cancellation (Please check one):

- Ineligible
- Fraudulently misrepresented information on an application, letter of intent or financial aid agreement
- Voluntarily Withdrew from team
- Misconduct

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*By signing this form the student-athlete understands that they are agreeing to the cancellation of their Athletic Aid.*

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

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To be completed by coach

Cancel Aid For:    \_\_\_\_ Fall Semester Only    \_\_\_\_ Spring Semester Only    \_\_\_\_ Both Fall & Spring Semesters

\_\_\_\_\_  
Coach's Signature

\_\_\_\_\_  
Date

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To be completed by Athletic Department

\_\_\_\_\_  
Athletic Department Signature

\_\_\_\_\_  
Date