

# ST. CLOUD STATE UNIVERSITY

## Athletic Withdrawal Request Form

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

Tech ID #: \_\_\_\_\_ Sport: \_\_\_\_\_

Semester: \_\_\_\_\_

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Course: \_\_\_\_\_ Credits: \_\_\_\_\_

Course: \_\_\_\_\_ Credits: \_\_\_\_\_

Course: \_\_\_\_\_ Credits: \_\_\_\_\_

Course: \_\_\_\_\_ Credits: \_\_\_\_\_

Course: \_\_\_\_\_ Credits: \_\_\_\_\_

Student's Signature: \_\_\_\_\_  
(Required)

Coach's Signature: \_\_\_\_\_  
(Optional)

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This section to be completed by Compliance Office

After withdrawal the student will have \_\_\_\_\_ credits and will be:

Eligible \_\_\_\_\_ Ineligible \_\_\_\_\_

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

Compliance Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required)