

## STUDENT-ATHLETE CLASS WITHDRAWAL AUTHORIZATION

Date:				
Name:				
ID #:				
Sport:				
School:	Maj	or:		
Course #	<u>Course Name</u>		ber of Credits	
Reason for withdrawin				
Eligibility ramifications	of withdrawing from the course(	s) if any:		
International student-a	athlete? □ Yes □ No  If yes -	enrolled in 9 hours fac	e-to-face? □ Yes □	] No
Number of credits enro	olled in prior to withdrawing from	the course(s):	<del></del>	
Number of credits enro	olled in after withdrawing from th	ne course(s):		
Signature of student-a	thlete	Date		
**************************************	**********	*******	******	*****
Athletics Advisor		 Date		
Coach		 Date	·	