



Student-Athlete Name:		Date:	
Panther ID:		Sport:	
<u>Residency</u>	<u>Room Designation</u>	<u>Board Designation</u>	
<input type="checkbox"/> In-State	<input type="checkbox"/> Off-Campus	<input type="checkbox"/> Meal Plan	
<input type="checkbox"/> Out-of-State	<input type="checkbox"/> On-Campus (Specify below): _____	<input type="checkbox"/> Meal Stipend	
<u>Student-Athlete Squad Status</u>			
<input type="checkbox"/> Add to roster <i>Completed Physical Exam?</i> _____ NCAA ID # _____	<input type="checkbox"/> Voluntarily Withdrew from team	<input type="checkbox"/> Removed from roster <i>(Include reason below)</i> _____	<input type="checkbox"/> Change in Financial Aid Status <input type="checkbox"/> Increased <input type="checkbox"/> Decreased

Student-Athlete Relinquishment of Financial Aid

I certify that as of this date I, _____, am no longer a member of the _____ team at Georgia State University. In understand that if I am an athletic scholarship recipient, my departure may result in my relinquishment of my grant-in-aid awarded this academic year (NCAA Bylaw 15.3.4.2). I acknowledge that my grant-in-aid will not be renewed for the next academic year. I understand that if I choose to discuss the circumstances surrounding my departure I am entitled to an exit interview with the Director of Athletics or Sport Administrator. I have been given a copy of the exit interview questionnaire and understand I have the choice to complete and return it.

Student Athlete Signature: _____ Date: _____

Current Award Package

(Mark "0" if SA not originally on aid)

<u>Tuition</u>	<u>Housing</u>	<u>Meals</u>	<u>Books</u>	<u>OEE</u>	<u>Total</u>	<u>Residency</u>	<u>Percentage %</u>

New Award Package

(Mark "0" if SA's aid is being removed)

Effective Date: _____

<u>Tuition</u>	<u>Housing</u>	<u>Meals</u>	<u>Books</u>	<u>OEE</u>	<u>Total</u>	<u>Residency</u>	<u>Percentage %</u>

Student-Athlete Signature:	Date:
Head Coach Signature:	Date:
Athletic Trainer Signature:	Date:
Sport Administrator Signature:	Date:
Compliance Signature:	Date:

NOTE: The Change of Status Form must include all signatures. The Athletic Trainer will be signing to confirm the student has completed all requirements with their office.

Compliance Use Only:

JumpForward Forms/Update Date: _____
Scholarship/Budget Update Date: _____