

VIRGINIA COMMONWEALTH UNIVERSITY
Department of Athletics

CANCELLATION or REDUCTION OF GRANT-IN-AID

Today's Date: _____

The following student will have his/her athletic grant-in-aid canceled or reduced:

Name of Student (please print)

VCU ID Number

This CANCELLATION/REDUCTION, in the sport of _____, is effective:

Fall _____
Year

Spring _____
Year

OR _____/
Years

Academic Year

Please give the reason for cancellation (be specific, i.e., student is transferring, student has broken team rules, etc.) below, or attach documentation to this form explaining the reasons for cancellation/reduction:

Do you believe the student will appeal this cancellation/reduction? No Yes

Explain: _____

If a student-athlete has been **involuntarily** removed from the team, the coach **MUST** have **written back-up documentation** on file. The documentation must be available to the Financial Aid Department upon request.

Signature of Coach

Date

Associate Athletic Director for Compliance &
Student Services (or) Director of Compliance

Date