

MARYLAND
ACADEMIC SERVICES
DROP FORM

Name _____ Sport _____

Email/Cell _____ UID# _____ Major/College _____

TO BE COMPLETED BY THE STUDENT-ATHLETE

WITHDRAWAL:

Semester	Course/Course Number/Section	Credits	Drop Date

Do you currently receive Athletic Scholarship? **YES** **NO**

Prior to making any changes to my academic schedule, I understand that a thorough review of my NCAA eligibility status must be performed and that approval must be granted from my Athletic Academic Counselor, Head Coach, and Associate AD/ASCDU.

Student-Athlete Signature

Athletic Academic Counselor Signature

Associate AD/ASCDU Signature

Head Coach Signature

Date

TO BE COMPLETED BY THE ATHLETIC ACADEMIC COUNSELOR

_____ **NCAA Eligibility Status Checked** (i.e. 6/18/24, B1G FR24, PTD)

_____ **Semester Hours Remaining After Drop**

_____ **Hours Passed Towards Degree Progress/Hours Required to Graduate**

COMMENTS:
