

Appendix E

CSU DRUG TESTING DISCIPLINARY AGREEMENT

I _____, understand that on _____ I was notified by the CSU Head Team Physician or designee, that I was found to have a positive drug screen for _____ from the CSU Drug Test administered on _____.

_____ I understand my parent(s) or legal guardian will be notified of the positive drug screen if I am under 21 years of age.

_____ I will schedule an appointment to meet with the Athletic Director and/or the Senior Staff Sport guardian will be