## 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 postate provide the postate of the pos

\_\_\_\_\_I will schedule an appointment to meet with the Athletic Director and/or the Senior Staff Sport guardian will be