REQUEST FOR DROP OF A MAJOR / MINOR

STUDENT NAME:			COLLEGE:
LAST	FIRST	MIDDLE	
STUDENT ID: W	E-MAIL	.i	PHONE: ()
Major/Minor to be dropped:			
Retained Major(s):		Retained Minor(s):	
Has the student applied to graduate?	□ NO □ YES - R	egistrar's Office must process	s the change
Student Signature:			Date:
Dropped Department Adviser Signature:			Date:
DEPARTMENT USE ONLY: ☐ Retained Major/Minor Verified in AIS Distribution (via FAX or mail): 1) College		Minor Entered in AIS by3) Retained Major/Minor	

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