REQUEST FOR DROP OF A MAJOR / MINOR

STUDENT NAME: _____________________________________________________ COLLEGE: ____________

STUDENT ID: W________________________ E-MAIL: ______________________ PHONE: (___) ____________

Major/Minor to be dropped: ______________________________________________________________________

Retained Major(s): ____________________________ Retained Minor(s): ___________________________

Has the student applied to graduate? □ NO □ YES - Registrar’s Office must process the change

Student Signature: ____________________________ Date: ____________

Dropped Department Adviser Signature: ____________________________ Date: ____________

DEPARTMENT USE ONLY:

□ Retained Major/Minor Verified in AIS □ Dropped Major/Minor Entered in AIS by ____________ Date ____________

Distribution (via FAX or mail): 1) College 2) Dropped Major/Minor 3) Retained Major/Minor 4) Registrar (if student has applied to graduate)

Rev 4/07