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