



**Office of the
University Registrar**
25 University Avenue, West Chester, PA 19383
Ph: 610-436-3541 Fx: 610-436-2370
www.wcupa.edu/registrar

WCU ID# _____

Required

REMOVAL OF MINOR UNDERGRADUATE STUDENTS

Instructions: Please complete all information on the form and obtain ALL appropriate signatures. Once complete, return to the Registrar's Office for processing. Plan codes must be obtained from Department Chairpersons. Forms without plan numbers will be returned to the department.

Student Name: _____

MINOR (to be removed): _____ PLAN: _____

Students who wish to drop their Minor must do so prior to applying for graduation. Minors on record at the time of the graduation application will be considered in the clearance process and all requirements must be met.

SECOND MINOR ADVISOR:

SIGNATURE: _____ DATE: _____

CHAIRPERSON of MINOR DEPARTMENT:

SIGNATURE: _____ DATE: _____

MAJOR ADVISOR:

SIGNATURE: _____ DATE: _____

*I no longer wish to carry the above minor.
Please remove this from my academic record.*

Student's signature/Date (required): _____

Office Use Only

Processed by: _____ Date: _____