



**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 DUAL MAJOR OR DEGREE
 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: _____

MAJOR/DEGREE (to be removed): _____ PLAN: _____

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

SECOND MAJOR/DEGREE ADVISOR:

SIGNATURE: _____ DATE: _____

CHAIRPERSON of SECOND MAJOR/DEGREE DEPARTMENT:

SIGNATURE: _____ DATE: _____

MAJOR ADVISOR:

SIGNATURE: _____ DATE: _____

*I no longer wish to carry the above major and/or degree.
 Please remove this from my academic record.*

Student's signature/Date (required): _____

<u>Office Use Only</u>	
Processed by: _____	Date: _____