



APPLICATION FOR
MINOR REMOVAL
UNDERGRADUATE STUDIES

NAME: _____

DATE: _____

STUDENT ID #: _____

CURRENT MINOR: _____
(to be removed)

PLAN: _____

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

SIGNATURE: _____

STUDENTS: DO NOT WRITE BELOW THIS LINE. APPLICATION MUST BE SIGNED BY THE FOLLOWING:

APPROVED – Minor Advisor:

Signature: _____

Date: _____

APPROVED – Minor Department CHAIRPERSON:

Signature: _____

Date: _____

APPROVED – MAJOR Advisor:

Signature: _____

Date: _____

Plan codes must be obtained from Department Chairpersons. Forms without plan numbers will be returned to the department. When ALL signatures are obtained, this form must be returned to the Office of the Registrar.