

Removal of Double Major

Last Name: _____ ID#: 987- _____ - _____

First Name: _____

Please remove my current major of:

Current Major: _____

Reason: _____

Student's signature: _____ Date: _____

Department Chair's signature: _____ Date: _____

Please complete and return to the Registrar's Office

For Registrar's Office use only:

Entered by: _____ Date: _____