

DECLARATION or DELETION OF A MINOR

Last Name	First Name	Middle	PCID
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Phone Number

Please Note: *Effective term for the curriculum change will be the following term of when the request is submitted - Ex: submit in Fall term, effective Spring term*

Below is a listing of [Minors](#) to assist you in making your selection

Minor _____

_____ I understand that by checking here I am requesting that my minor be removed.

Student's Signature _____ Date _____

Advisor's Signature _____ Date _____

Signature of Student's Department Chair _____ Date _____