

Cancellation of Double Major
(Return to the Registrar's Office at your current campus)

Student Name _____

Student ID (if known): and/or NetID (if known):

Effective Year/Term:

Year: Fall Winter Spring Summer

I am currently pursuing a double major in _____
(School / College)

I now plan to complete only one major. Please change my major to only _____
(Major)

In _____
(School / College)

I authorize the cancellation of my additional major.

Student Signature: _____ Date: _____