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OFFICE OF THE REGISTRAR    REGISTRATION FOR / CANCELLATION OF MINOR / CONCENTRATION

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Name: \_\_\_\_\_ Student's signature: \_\_\_\_\_

ID #: \_\_\_\_\_ Expected Graduation Date (sem/yr): \_\_\_\_\_ Date: \_\_\_\_\_

**Please check all that apply:**

Registration for Minor

(must be submitted to the Office of the Registrar at least one semester prior to graduation)

Minor: \_\_\_\_\_ Minor Adviser Name: \_\_\_\_\_

Minor Dept. Chair signature: \_\_\_\_\_

Major: \_\_\_\_\_ Major adviser signature: \_\_\_\_\_

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Registration for Concentration

(must be submitted to the Office of the Registrar at least one semester prior to graduation)

Concentration: \_\_\_\_\_ Major: \_\_\_\_\_

Major Adviser signature: \_\_\_\_\_ Major Dept. Chair signature: \_\_\_\_\_

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Please cancel:     Major     Minor     Concentration

Major: \_\_\_\_\_

Minor: \_\_\_\_\_

Concentration: \_\_\_\_\_