

**Cancellation of Minor**

*Please indicate which minor(s) by filling in the information below. Return this form to the Office of Records and Registration.*

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\_\_\_\_\_  
Name

\_\_\_\_\_  
Student ID#

Biomedical Sciences

Public Health

Gerontology

Social Sciences

Healthcare Management

Spanish for the Health Professions

Vascular Sonography (DMS students only)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

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Records and Registration Use Only

\_\_\_\_\_  
Records and Registration Supervisor

\_\_\_\_\_  
Date

***Records and Registration Use Only***

Date Received \_\_\_\_\_

Date Processed \_\_\_\_\_