

Cancellation of Minor

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

Name

Student ID#

- Biomedical Sciences
- Healthcare Management
- Vascular Sonography (DMS students only)

- Public Health
- Social Sciences
- Spanish for the Health Professions

Student Signature

Date

Advisor Signature

Date

Records and Registration Use Only

Records and Registration Supervisor

Date

Records and Registration Use Only

Date Received _____

Date Processed _____