

# Cancellation of Double Major

Return to: Office of the Registrar, Unit 4077  
Wilbur Cross Building, 233 Glenbrook Road  
Storrs, Connecticut 06269-4077

Student Name \_\_\_\_\_ Student ID:

**Effective Year/Term:**

Year:  Fall  Inter session  Spring  May Term  Summer Session I, II, IV

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's Signature: \_\_\_\_\_ Date: \_\_\_\_\_