

## Cancellation of Double Major

*(Return to One Stop Student Services or the Registrar's Office at your regional 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: \_\_\_\_\_