



CANCELLATION OF MINOR FORM

Name _____ Yr of Graduation _____

Date _____ Rhodes ID Number: R _____

This form must be filed in order to notify the Registrar that an academic minor that was previously declared will no longer be pursued.

Student Statement:

I no longer intend to complete the following academic minor:

Signature: _____
(Student)

Signature: _____
(Faculty Advisor)

Signature: _____
(Chairperson, Minor Department or Program)