

RHODES COLLEGE

CANCELLATION OF MINOR FORM

Name _____ Yr of Graduation _____

Date _____ Rhodes ID Number: R _ _ _ _ _

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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)