

## Removal of Minor Form

Return this completed form to the Registrar's Office in Laird Hall

ID	Name	Class Year
I wish to have coordinator.	e the following minor removed from my Carlet	ton record. I have discussed this with the department chair or
Minor		
(Student Signature)		(Date)
(Chair or Coo	rdinator's Signature)	(Date)
Carleton	Removal of Minor	
ID	Name	Class Year
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Minor		
(Student Signature)		(Date)
(Chair or Coordinator's Signature)		(Date)