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| **Application form for cancellation of Minor** |
| Applicant | Department | Dept. | Semester | semester |
| Name |  | Student ID |  |
| Information about application for minor | Department | Dept. | Major |  |
| The minor subject to take |  | 3 credits |
|  | 3 credits |
|  | 3 credits |
| Period for taking course | From (year) (semester) to (year) (semester) |
| Reason for Cancellation |  |
| I hereby request for cancellation of minor on account of the reasons stated above and ask for your kind consideration and permission. (year) (month) (day) Applicant (Signature)Chief of the affiliated department (Signature)Chief of the department of minor (Signature) |