



WALSH
UNIVERSITY

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FOR OFFICE USE ONLY

Date Received: _____

Processed By: _____

DECLARE/DROP MINOR FORM

PLEASE PRINT: _____
NAME (Last) (First) (Middle)

WALSH ID/SSN: _____

SIGNATURE OF STUDENT: _____ DATE: _____

☐ FRESHMAN

☐ SOPHOMORE

☐ JUNIOR

☐ SENIOR

Address _____ City _____ State _____ Zip _____

Walsh Campus Box Number _____ Telephone Number _____

TERM: _____ YEAR: _____

>>> CIRCLE ONE: DECLARE | DROP

CURRENT MAJOR INFORMATION	MINOR INFORMATION	
Program:		<input type="checkbox"/> ADD <input type="checkbox"/> DROP
Major:		<input type="checkbox"/> ADD <input type="checkbox"/> DROP

I have read the pertinent catalog policy on declaration of a minor. I have consulted with my major faculty advisor. I understand that the responsibility for fulfilling all requirements for minors rest with the student.

ACADEMIC DEPARTMENTAL USE ONLY

COURSES FOR:	<input type="checkbox"/> MINOR

Signature of the Department Chair _____ Date: _____
of requested Minor

* NO SIGNATURE NECESSARY IF DROPPING MINOR *

RETURN THE COMPLETED FORM TO THE OFFICE OF THE REGISTRAR FOR PROCESSING AND DISTRIBUTION

DISTRIBUTION: WHITE—Registrar YELLOW—Department of Minor