

Undergraduate Accounting Minor

PETITION TO DROP Minor

Name: _____ Date: _____

Student ID: _____ Major: _____

Address: _____

Phone: _____ Email: _____

Term of Admission to Accounting Minor: _____

Expected Graduation Term: _____

Reason for Drop:

Minor Incomplete at Time of Graduation

Voluntary Withdrawal From Program

Other Reason: _____

Student Signature

Date

Turn in or email completed forms to:

Maria Cuevas, Director of Student Affairs
maria.cuevas@anderson.ucla.edu
D514 Cornell Hall, UCLA Anderson