

Today's Date ___/___/___

Name: _____ **KSIS ID or WID** _____

ADD:

_____ Minor _____ in _____
Plan Name College

_____ Secondary Major

_____ Certificate

Signature: Program Director Approval

_____ Other: _____

DROP:

_____ Minor _____ in _____
Plan Name College

_____ Secondary Major

_____ Certificate

Signature: Program Director Approval

_____ Other: _____

Comments:

Return Original to:
Office of the Registrar, 118 Anderson Hall or via email at registrar@ksu.edu