

Print Name \_\_\_\_\_ 7 Digit SOLAR ID \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ UW-Parkside Email \_\_\_\_\_ @rangers.uwp.edu  
Address \_\_\_\_\_ Phone \_\_\_\_\_

*NOTE: Submit this completed form to the Center for Ethnic Studies for approval.*

**MINOR**

Ethnic Studies	<input type="checkbox"/> Declare	<input type="checkbox"/> Cancel
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DEPARTMENT/PROGRAM APPROVAL

Accepted  
 Denied

Authorized Department Signature:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Authorizer's Name:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Signed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student has been notified of department decision.

*Department: Submit this form to the Office of the Registrar for processing.*

**CANCEL:**

**To cancel any declarations not on checklist above, list them here:**  
Anything not listed will remain on your record.

\_\_\_\_\_  
\_\_\_\_\_

OFFICE OF THE REGISTRAR

DATE: \_\_\_\_\_ INITIALS: \_\_\_\_\_