

7 Digit

Print Name _____ SOLAR ID _____ Date _____

Signature _____ UW-Parkside Email _____ @rangers.uwp.edu

Address _____ Phone _____

NOTE: Submit this completed form to the Institute of Professional Educator Development for approval.

MINOR

English as a Second Language	<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: _____