

Undergraduate Accounting Minor

PETITION TO DROP

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 completed forms to:

Giorgia Pino, Director of Student Affairs
giorgia.pino@anderson.ucla.edu
D413 Cornell Hall, UCLA Anderson