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DegreeWorks Delete Request Form

PLEASE PRINT		Banner ID
Last Name	First Name	Middle Name
Department		Phone
Applicant Signature	Doto	UserID
Applicant Signature	Date	
Please SELECT the appropriate categories (one in each box):		
Full-time Employee Half-time Employee	Staff	Faculty
Part-time Employee		ry Student Worker
Reason for Delete:		
SIGNATURES		
Person Requesting Deletion		Date
Department Contact	Department Name	Date
For Registrar's Use Only: Date Deleted:	Initials:	