



DegreeWorks
Delete Request Form

PLEASE PRINT		Banner ID _____
_____	_____	_____
Last Name	First Name	Middle Name
Department _____	Phone _____	
_____	UserID _____	
Applicant Signature	Date	

Please **CIRCLE** the appropriate categories (one in each box):

Full-time Employee Half-time Employee Part-time Employee
--

and

Staff Faculty Temporary Student Worker
--

Reason for Delete: _____ _____

SIGNATURES		
_____		_____
Person Requesting Deletion		Date
_____	_____	_____
Department Contact	Department Name	Date

For Registrar's Use Only:	
Date Deleted: _____	Initials: _____