

OFFICE OF THE REGISTRAR MSC 105, 1050 W SANTA GERTRUDIS AVE KINGSVILLE, TEXAS 78363-8202 PH (361) 593-2811 \* FAX (361) 593-2195

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## DegreeWorks Delete Request Form

PLEASE PRINT		Banner ID
Last Name	First Name	Middle Name
Department		Phone
		UserID
Applicant Signature	Date	<b>1</b> \(\sigma\)
Please <b>CIRCLE</b> the appropria	ite categories (one in each	box):
Full-time Employee Half-time Employee	Staff	Faculty
Part-time Employee		Student Worker
Reason for Delete:		
SIGNATURES		
Person Requesting Deletion		Date
Department Contact	Department Name	Date
For Registrar's Use Only: Date Deleted:	Initials:	