

**Bachelor of Integrated Studies
Contract Deletion Form**

Student's Name: _____ W# _____

Department granting the deletion: _____

1. The student named above would like to delete the following course from his/her contract:

Prefix and class# _____ Course title: _____

No. of credits: _____

Reason for the deletion: _____

2. The student named above would like to delete the following course from his/her contract:

Prefix and class# _____ Course title: _____

No. of credits: _____

Reason for the deletion: _____

As the department chair or authorized advisor, I agree to this change in the student's BIS contract:

Signature: _____

Date: _____

Comments:

Please return this form to the BIS administrative assistant, Li 147

Received by: _____

Date: _____