



DegreeWorks
Delete Request Form

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

Please **SELECT** 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: _____