



DegreeWorks
Delete Request Form

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

Please check (/) the appropriate categories (one in each box):

Full-time Employee Half-time Employee Part-time Employee	and	Staff Faculty Temporary Student Worker
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Reason for Delete _____

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

) R U 5 H J L V W U D: U ¶ V Use Only	
Date Deleted: _____	Initials: _____