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: __________________

(mec 5/2020)