

Cancellation of Additional Degree
(Return to the Registrar's Office at your current campus)

Student Name _____

Student ID (if known): and/or NetID (if known):

Effective Year/Term:

Year: Fall Winter Spring Summer

I am currently pursuing a dual degree in _____ and
(School / College)

_____, I now plan to complete the degree requirements in
(School / College)

_____, _____ only.
(School / College) (Major)

I authorize the cancellation of my additional degree.

Student Signature: _____ Date: _____