

**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: \_\_\_\_\_