

Cancellation of Additional Degree

Return to: Office of the Registrar, Unit 4077
Wilbur Cross Building, 233 Glenbrook Road
Storrs, Connecticut 06269-4077

Student Name _____ Student ID:

Effective Year/Term:

Year: 20 Fall Inter session Spring May Term Summer Session I, II, IV

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's Signature: _____ Date: _____