

Cancellation of Additional Degree

(Return to One Stop Student Services or the Registrar's Office at your regional 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: _____