

# DUAL DEGREE STUDENT REQUEST TO DROP DEGREE PROGRAM

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(Please print)

Date: \_\_\_\_\_

Name: \_\_\_\_\_ B-Number: \_\_\_\_\_

Binghamton University Email: \_\_\_\_\_

## Degree Program I wish to drop:

School:       Harpur       CCPA       Decker       SOM       Watson

Major: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Decker School of Nursing Students Only - Dean's Signature: \_\_\_\_\_

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## OFFICE USE ONLY

Date processed: \_\_\_\_\_ Initials: \_\_\_\_\_