

DUAL DEGREE STUDENT REQUEST TO DROP DEGREE PROGRAM

(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: _____

OFFICE USE ONLY

Date processed: _____ Initials: _____