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: ____________________________________________

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OFFICE USE ONLY

Date processed: ____________________________ Initials: ____________________________