

DUAL DEGREE STUDENT REQUEST TO DROP DEGREE PROGRAM

(Please print)

Date: _____

Name: _____

B-Number: _____

BU 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: _____

Return this form via my.binghamton.edu portal at the Financial Aid and Student Records Document Submission link.

Date processed: _____ Initials: _____