

## **Dual Degree Program Withdrawal Form**

<u>Instructions</u>: Dual degree students requesting to withdraw from one program must discuss their reason of withdrawal with their current program director, attached a revised plan of study from their advisor, and obtain all required signatures before submitting this form to the Records Office. Please be aware that changing programs may affect billing and/or financial assistance. Students should discuss their options and financial implications with <u>SEAM</u> before submitting this form.

Student Name:		Hopkins ID:		
Current Dual Degree Program:			Effective Date (Term/Yr.):	
Degree Program to Withdraw:				
Reason for request to change progra	m:			
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Revised plan of study is attached: Ye	s: No	:		
Student Signature:		Date:		
Program Director of Current Dual De	gree Program:			
Name:	Signature:		Date:	
SON Advisor:				
Name:	Signature:		Date:	
Program Director of Remaining Progr	ram:			
Name:	Signature:		Date:	