

Cancellation of an Approved Graduate Double Degree Program

The committee appointment and the program of study should be reviewed at this time. Any changes should be submitted on appropriate change forms.

I. STUDENT INFORMATION:

Student Name:

(Last)

(First)

ISU ID#:

II. DOUBLE DEGREE PROGRAM INFORMATION:

Degree to be canceled:

Degree to be retained:

Student Signature:

Date:

Include typed or printed names and signatures

Major Professor for
Degree to be Retained:

Date:

Major Professor for
Degree to be Canceled:

Date:

III. GRADUATE COLLEGE RESPONSE:

Include typed or printed name and signature

Graduate College:

Date:

Copy: Department of degree #1 Department of degree #2 214 ESC

