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SIMMONS UNIVERSITY

Office of the Registrar 300 The Fenway, Boston, MA 02115 Tel 617.521.2111 Fax 617-521.3144 registrar@simmons.edu

WITHDRAWAL FROM ONE PROGRAM IN A DUAL-DEGREE PROGRAM

Student should complete this form if they are planning to drop one program of a dual degree program.

To ensure that all records are up to date, Simmons requires students to obtain the permission of both program directors involved in the dual degree.

Students are also required to obtain the signature of the Student Financial Services office. Often changing from a dual degree program to a single degree program will result in a change of tuition and of credits required for the single degree.

Students intending to complete both halves of a dual-degree program, but receive their degrees on different dates, should not use this form. Students may contact the program director to determine whether receiving degrees on separate dates is permitted in the program and fill out the appropriate form if so.

Student Name:	Simmons I.D:	
E-mail Address:	Phone Number:	
Semester of withdrawal from the program: Fall/Year	Spring/Year	Summer/Year
Primary Reason(s) for Withdrawing from Program:		
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Withdrawing from program:	Remaining in program:	
New Anticipated Graduation Date for Remaining Pr	ogram:/	
Student's Signature:		Date:
Program Director:		Date:
Program Director (of withdrawn program):		Date:
Student Financial Services Counselor:		Date:
Please return completed form to the Office	e of the Registrar at re	egistrar@simmons.edu.

OFFICE USE ONLY: Processed Date_____ Initials