



Wille Administration Building  
 160 Convent Avenue, Rm A-102  
 New York, New York 10031  
 TEL: (212) 650-7850

OFFICE OF THE REGISTRAR

## Change of Program/Overtally Form

Name: \_\_\_\_\_  

Last
First
Middle

Student ID: \_\_\_\_\_ Phone : \_\_\_\_\_ Email: \_\_\_\_\_@Citymail.cuny.edu

Address: \_\_\_\_\_  

Number
Street
Apt #
City
State
ZIP

Semester:  Fall  Winter  Spring  Summer Year: 20\_\_\_\_\_

Student Signature: \_\_\_\_\_

Please check CUNYFirst to see your changes after transaction completed.

**If you are receiving Financial Aid or TAP, removing your course(s) may affect current and future eligibility. Please contact the Financial Aid Office at (212) 650-6656 before submitting this form.**

➔ I understand my financial obligation and wish to proceed with this change:  Yes

*Adding (T=Take, A=Add)*

*Dropping (R = Replace, D = Drop)*

Registration Code	Course Subject	Course Number	Section Number	Credits	Registration Code	Course Subject	Course Number	Course Section	Credits	Professor's Signature
<i>ex., 0135</i>	<i>ex., ENGL</i>	<i>ex., 10200</i>	<i>ex., 2MM</i>	<i>ex., 3</i>	<i>ex., 2114</i>	<i>ex., Mus</i>	<i>ex., 0100</i>	<i>ex., a2</i>	<i>ex., 3</i>	

Advisor Signature: \_\_\_\_\_  
Obtain approval from the dean's office of your major

International Advisor: \_\_\_\_\_  
Required **only** for international students (see NAC 1/107)

**FOR OVERTALLY PLEASE COMPLETE INFORMATION BELOW:**

Department Chair (if overtally, please raise the limit for course): \_\_\_\_\_

Date approved: \_\_\_\_\_

Dean's approval if required for overtally: \_\_\_\_\_ Date: \_\_\_\_\_

Entered by: \_\_\_\_\_

Date : \_\_\_\_\_

