



OFFICE OF THE REGISTRAR  
 WILLE ADMINISTRATION BUILDING, ROOM 102  
 160 CONVENT AVENUE  
 NEW YORK, NY 10031

**DECLARATION OF PLAN, SUB-PLAN AND MINOR FORM**

For Financial Aid purposes, plan changes must be made no later than the last day to "declare or change a plan" deadline published in the academic calendar for the requested semester.

EMPLID \_\_\_\_\_ D.O.B. \_\_\_\_\_ EMAIL \_\_\_\_\_@CITYMAIL.CUNY.EDU

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

- BA    BS    BA/MA    BS/MS    BARCH    BSED    BE    UNDECLARED BA    UNDECLARED BS  
 MA    MARCH    ME    MFA    MIA    MLA    MPA    MPH    MPS    MS    MSED    MUP    ADV CERT  
 SPECIAL PROGRAMS:    HONORS COLLEGE    JOINT PROGRAM: \_\_\_\_\_

SIGNATURE OF SPECIAL PROGRAM APPROVER AND DATE: \_\_\_\_\_

**PLAN/SUB-PLAN**

- DECLARE/CHANGE OF PLAN    SECOND PLAN    DECLARE/CHANGE SUB-PLAN

PLAN: \_\_\_\_\_ SUB-PLAN: \_\_\_\_\_

- STUDENT WILL COMPLETE PLAN REQUIREMENTS AS DESCRIBED IN THE \_\_\_\_\_ (YEARS) CITY COLLEGE BULLETIN.  
 STUDENT WILL COMPLETE REVISED PLAN REQUIREMENTS THAT ARE FILED IN THE DEAN'S OFFICE.

SIGNATURE AND DATE OF PLAN/SUB-PLAN APPROVER: \_\_\_\_\_

**MINOR**

- DECLARE/CHANGE MINOR    SECOND MINOR

MINOR PLAN: \_\_\_\_\_

SIGNATURE AND DATE OF MINOR PLAN APPROVER: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_