

The City College
of New York

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: _____