DECLARATION OF PLAN, SUB-PLAN, CONCENTRATION FORM

For TAP purposes, plan changes must be made within 30 days after the published deadline for Change of Program.

EMPLID _____________________________ D.O.B. _______________ EMAIL ________________________________

LAST NAME _______________________________ FIRST NAME _______________________________ MI _____

☐ BA ☐ BS ☐ BFA ☐ BA/MA ☐ BARCH ☐ MA ☐ MARCH ☐ ME ☐ MFA ☐ MIA ☐ MLA
☐ MPA ☐ MPH ☐ MPS ☐ MS ☐ MSED ☐ MUP ☐ UNDECLARED ☐ PHD ☐ ADVANCED CERT

SPECIAL PROGRAMS: ☐ CBUIS ☐ HONORS COLLEGE ☐ Joint Program ________________________________

(MAJOR) PLAN:____________________________________________________________________________________

SIGNATURE AND DATE OF PLAN APPROVER:___________________________________________________________________

☐ CHANGE OF MAJOR? ☐ SECOND MAJOR?

☐ STUDENT WILL COMPLETE MAJOR REQUIREMENTS AS DESCRIBED IN THE ______________ (YEARS ) CITY COLLEGE BULLETIN.

☐ STUDENT WILL COMPLETE REVISED MAJOR REQUIREMENTS THAT ARE FILED IN THE DEAN'S OFFICE

(MINOR) SUB-PLAN: _________________________________________________________________________________

SIGNATURE AND DATE OF SUB-PLAN APPROVER:___________________________________________________________________

☐ CHANGE OF MINOR? ☐ SECOND MINOR?

(CONCENTRATION) SUBPLAN: ______________________________________________________________________________

SIGNATURE AND DATE FOR THE CONCENTRATION __________________________________________________________________

SIGNATURE OF SPECIAL PROGRAM APPROVER AND DATE

______________________________________________________________________________________________

Student Signature ___________________________ Date ___________________________

Form Received by ________ Date:______________________

Processed By : _____________ Date:_____________________

Fjm 04/16/2014