



NEW YORK CITY COLLEGE OF TECHNOLOGY

Office of the Registrar
300 Jay Street, Brooklyn, NY 11201
Telephone (718) 260-5800

APPLICATION FOR CHANGE OF CURRICULUM

Semester for which applying: Fall 20 _____ Spring 20 _____

Veteran: Yes No

EMPLID: _____ Date: _____

Last Name: _____ First Name: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Telephone #:() _____ - _____ E-Mail: _____

Students who want to change into a baccalaureate program must have a GPA of 2.0 or higher and be CUNY certified in reading, writing and mathematics. Certain programs may have additional requirement, please meet with an advisor in the major department for further information.

I hereby apply for a Change of Curriculum:

To: _____ Certificate Associate Baccalaureate

Signature: _____

This form will not be accepted without a department advisor's signature.

DEPARTMENT USE ONLY

Accepted Rejected Signature: _____ Date: _____

REGISTRAR USE ONLY

Accepted Rejected Signature: _____ Date: _____

