



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 from an associates degree curriculum to a bachelor degree curriculum must be CUNY certified in reading, writing and mathematics. Student must also and have a GPA of 2.0 or higher.

I hereby apply for a Change of Curriculum:

From: _____

To: _____

Student 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: _____

