NEW YORK CITY COLLEGE OF TECHNOLOGY

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

DECLARATION OF INTENDED ACADEMIC MINOR

After completion of 60 credits, this form must be completed with the Academic Minor Coordinator and submitted to the Registrar. Please refer to the most recent version of the College Catalog to see the requirements for each academic minor. Upon receipt of the application, the Office of the Registrar will record the intended academic minor on the transcript. This does not certify the completion of the academic minor, but only notes that the student intends to complete the academic minor. The Office of the Registrar will verify the completion of the intended academic minor once the student files for graduation.

Student must submit the Declaration of Intended Academic Minor application by the graduation filing deadline listed on the academic calendar. *Please note: Once a degree is conferred, academic minors cannot be applied to the academic record.*

Student Information (*Please Print*):

EMPLID Number: _____ Major: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Telephone #: ( ) _____ - _____ City Tech Email: _____

DECLARATION OF ACADEMIC MINOR PLAN

Note: To rescind a previous Declaration of Intended Academic Minor, use the Delete column below.

ADD	DELETE

I, the undersigned, am aware that it is in my best interest to consult with my faculty advisor and academic minor coordinator to select courses for my academic minor that may also fulfill bachelor's degree requirements. I understand that I may be financially responsible for courses required for my academic minor that are not creditable towards my bachelor's degree:

_____ _____
Student's Signature Date

In the absence of a written signature: submission of the form to your Academic Minor Coordinator using your campus email will suffice.

ACADEMIC MINOR DEPARTMENTAL USE ONLY

_____
TITLE OF ACADEMIC MINOR PROGRAM

APPROVED BY: _____ DATE: _____
Academic Minor Coordinator's Signature

DEPARTMENTAL STAMP

REGISTRAR USE ONLY

Approved: ☐ Denied: ☐ Registrar's signature: _____ Date: _____