



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: _____

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: _____

