

ID NUMBER

LAST NAME FIRST NAME M.I.

SEMESTER

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COLLEGE	DEPT.	COURSE NO.	CREDITS	COURSE TITLE	INSTRUCTOR	CODE
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COLLEGE	DEPT.	COURSE NO.	CREDITS	COURSE TITLE	INSTRUCTOR	CODE
			D R O P			

Discipline

Discipline

CHANGE OF PROGRAM
 The Graduate School and University Center
 The City University of New York
 365 Fifth Avenue
 New York, NY 10016

EXECUTIVE OFFICER'S OR ADVISOR'S SIGNATURE

DATE

STUDENT'S SIGNATURE

DATE