



Change in Graduate Curriculum

Application for requesting to change the academic curriculum plan/certificate program plan, and/or addition of a second certificate or extension program to the current curriculum plan.

Student Information - please print clearly

EMPLID _____ D.O.B. ____/____/____
Last Name _____ First Name _____ Middle Initial _____
Phone (____) _____ --- _____ Email _____@LC.CUNY.EDU

CURRENT GRADUATE PROGRAM

MA MAT MFA MPH MS MSED MSW ADV. CERT.

Current Program Name (Academic Plan) _____ Current Advisor (Full Printed Name) _____
Current Advisor (Signature) _____ Date ____/____/____

NEW GRADUATE PROGRAM: Complete this section only if you intend to change your current graduate program.

MA MAT MFA MPH MS MSED MSW ADV. CERT.

New Program Name (Academic Plan) _____ New Advisor (Full Printed Name) _____
Additional admissions materials needed: N/A Letter(s) of Recommendation* Statement of Purpose* Proof of Prior Certification(s)*
Current Advisor (Signature) _____ Date ____/____/____
Graduate Studies Director (Signature) _____ Date ____/____/____

ADD CERTIFICATE OR EXTENSION PROGRAM: Complete only if you wish to add a certificate or extension to your academic plan of study.

Certificate or Extension Program Name (Academic Plan) _____ Certificate or Extension Advisor (Full Printed Name) _____
Certificate or Extension Program Advisor (Academic Plan) _____ Date ____/____/____

I certify that the information on this application is accurate and complete and will be treated confidentially for institutional purpose only. I understand by signing this form that: I have made the decision to change my degree requirements by changing my Program of Study (Academic Curriculum Plan), I know the program requirements, I understand that I must complete the program(s) according to the rules and regulations listed in the current graduate bulletin of Lehman College, and I am responsible for notifying the Office of International Student Services about the curriculum change if I hold an F-1 visa. I also understand that if I choose to apply for state certification while still active in my current program(s) I am required to adhere to the specific department guidelines for admissions, complete all state requirements, and be enrolled in or completing final curriculum requirements before filing for graduation.

Student Print Full Name _____ Student Signature _____ Date ____/____/____

FOR OFFICE USE ONLY
RECEIVED BY/ DATE: _____ FOLDER: Y N
PROCESSED BY/ DATE: _____ ADM: FRSH TRNS GRAD
EFF. TERM: FA SP SU START TERM: FA SP _____

Return this completed form to:
Office of the Registrar
Shuster Hall, Room 102

