



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

