



## Declaration of Academic Plan and Sub-Plan

This is an application to request to modify your current Academic Plan/Sub-Plan.

**Student Information** – please print clearly

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

**NEW UNDERGRADUATE PROGRAM: To be completed by your Advisor**

☐ BA ☐ BS ☐ BFA ☐ BBA ☐ BA/MA ☐ BA/MS ☐ CERT

MAJOR Plan \_\_\_\_\_  
Sub-Plan \_\_\_\_\_

Number of credits required:  as per Undergraduate Bulletin dated  to

Is this a change of major? ☐ YES ☐ NO Is this a second major? ☐ YES ☐ NO

Special Requirements (if any): \_\_\_\_\_

Signature of Advisor \_\_\_\_\_ Date \_\_\_\_\_

MINOR Plan \_\_\_\_\_  
Sub-Plan \_\_\_\_\_

Number of credits required:  as per Undergraduate Bulletin dated  to

Is this a change of minor? ☐ YES ☐ NO Is this a second minor? ☐ YES ☐ NO

Special Requirements (if any): \_\_\_\_\_

Signature of Advisor \_\_\_\_\_ Date \_\_\_\_\_

**SIGNATURE REQUIRED BELOW**

*I certify the information on this application is accurate and complete and will be treated confidentially for institutional purposes only. I understand by signing this form that: I have made the decision to change my degree requirements by changing my Academic Curriculum Plan, I know the program requirements, and understand that I must complete the program(s) requirements according to the rules and regulations listed in the current undergraduate bulletin.*

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

