

## Major Declaration (FOR MATRICULATED STUDENTS ONLY)

LAST NAME

FIRST NAME

SSN NUMBER

TELEPHONE

HUNTER COLLEGE: e-mail account

1. Complete the Major declaration form with your Major Department academic advisor.
2. All Major selections must be approved by an Academic Department representative of the Major Department.
3. Transfer Students admitted with condition(s) to a BA Major must complete the back of this form (see page 2)

### DECLARATION OF A MAJOR (One transaction per request)

#### STUDENT USE ONLY

**ADD** (please check one only)

- First Major \_\_\_\_\_
- Second Major \_\_\_\_\_
- Third Major \_\_\_\_\_

**DELETE**

\_\_\_\_\_

Department approval not required

#### DEPARTMENT USE ONLY

Curriculum Code:

Advisor(s): Please provide the appropriate Curriculum Code for the Major.  
Note: MOST BA Curriculum Code consist of 2 digits, please do not add a "0"

DEPARTMENT \_\_\_\_\_

TITLE OF PROGRAM/MAJOR # OF CREDITS REQUIRED IN PROGRAM

DEGREE (Check the appropriate box):  BA  BS  Other: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

DEPARTMENT STAMP

I, the undersigned, understand that I will lose credits for courses not creditable toward the degree chosen, but will be financially responsible for them:

Student Signature

Date

Note: BA-MA/MS students must pay Graduate Tuition Rate for Graduate courses once 120 credits have been completed.

You must declare a major once you have accumulated 60 credits. The first year you declare add/or change your major becomes your 'catalog year' for that major. Catalog year means, you must adopt the current catalog's requirements any time you declare, add or change your major(s).

FOR INTERNAL OFFICE USE ONLY

Initial

Date

Date: \_\_\_\_\_

SS #: XXX-XX-\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

# For Transfer Students who need Pre-Requisite(s) for the Major ***BA Curricula Only***

- Continued enrollment in the Major is contingent upon successful completion of all conditions.
- Admitted students are required to complete the following requirements within the first two consecutive semesters of enrollment in the major.
- **Must complete both pages of this form to process request.**

STUDENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

S. S. #: XXX-XX- \_\_\_\_\_

CHOICE OF PRELIMINARY MAJOR \_\_\_\_\_

*DEPARTMENT STAMP*

COURSE PREFIX	COURSE NUMBER	Minimal GRADE REQUIRED <small>(Please circle/check)</small>								OTHER
<b>1</b>		A +	A	A -	B +	B	B -	C +	C	
<b>2</b>		A +	A	A -	B +	B	B -	C +	C	
<b>3</b>		A +	A	A -	B +	B	B -	C +	C	
<b>4</b>		A +	A	A -	B +	B	B -	C +	C	
<b>5</b>		A +	A	A -	B +	B	B -	C +	C	

**Additional Condition(s):** \_\_\_\_\_  
(Please Specify Specialties)

**APPROVED BY: ADVISOR'S SIGNATURE**

**I, the undersigned, understand that I must receive the grade(s) for all of the pre-requisite course(s) as stated above approved by the Department Advisor within two consecutive semesters from the approval date to continue in this major:**

\_\_\_\_\_ Student Signature

\_\_\_\_\_ Date

FOR INTERNAL OFFICE USE ONLY

<p>_____ Initial                      _____ Date Received</p>	<p>_____ Initial                      _____ Date Processed</p>
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