

Major Declaration

(FOR MATRICULATED STUDENTS ONLY)

Date: _____

SS #: XXX-XX-____

First Name: _____

Last Name: _____

LAST NAME	FIRST NAME	STUDENT ID NUMBER
ADDRESS		TELEPHONE
CITY	STATE	ZIP CODE
HUNTER COLLEGE: S-net account		

1. Complete the Major approval form with your Major Department academic advisor.
2. All Major selections must be approved by an Academic Department representative.
3. Advisor(s): Please provide the appropriate Curriculum Code for the Major.
4. Transfer Students admitted with condition(s) to a BA Major must complete the back of this form (see Reverse)

DECLARATION OF A MAJOR (One transaction per request)

ADD (please check one only)

First Major

Second Major

Third Major

DELETE (please check one only)

First Major/changing to _____

Second Major

Third Major

Curriculum Code:

DEPARTMENT _____

TITLE OF PROGRAM _____ # OF CREDITS REQUIRED IN PROGRAM _____

DEGREE (Check the appropriate box): BA BS BFA BA-MA * (See Note below)

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 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 a major becomes your catalog year for that major. You must adopt the current catalog's requirements any time you declare, add or change your major(s).

FOR INTERNAL OFFICE USE ONLY			
_____ Date Received	_____ Initial	_____ Date Processed	_____ Initial

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: _____

CHOICE OF PRELIMINARY MAJOR

APPROVED BY: ADVISORS SIGNATURE

DEPARTMENT STAMP

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

Additional Condition(s): _____
(Please Specify Specialties)

I, the undersigned, understand that I must pass all of the pre-requisite courses approved by the Department Advisor listed above within two consecutive semesters from the approval date to continue in this major:

_____ Student Signature

_____ Date

FOR INTERNAL OFFICE USE ONLY

_____ Date Received	_____ Initial	_____ Date Processed	_____ Initial
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