HUNTER
The City University of New York

Office of the Registrar • Room 217 North • Phone: (212) 650-3995 • Fax: (212) 650-3632 http://registrar.hunter.cuny.edu

Major/Certificate Declaration Form
(FOR MATRICULATED UNDERGRADUATE STUDENTS ONLY)

Date: _____ Empl ID: _____ First Name: _____ Last Name: _____ *(left margin)*

LAST NAME   FIRST NAME   EMPL ID **(Required)**

ADDRESS   TELEPHONE

CITY   STATE   ZIP CODE   HUNTER COLLEGE: S-net account

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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 _____

MAJOR/PLAN CODE **(Required)**

MAJOR DEPARTMENT

CONCENTRATION/SUB-PLAN

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

DELETE

☐ _____

Department approval not required

APPROVED BY: **DATE:**

DEPARTMENTAL 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

UMMAF- 9/13

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: _____

EMPL ID: _____

_____
CHOICE OF PRELIMINARY MAJOR/PLAN

_____
APPROVED BY: ADVISORS SIGNATURE

DEPARTMENTAL STAMP

	COURSE PREFIX	COURSE NUMBER	Minimal GRADE REQUIRED (Please circle/check)								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