

Change of Program/Overtally Form

Name: _____
Last First Middle

Student ID: _____ Phone : _____ Email: _____ @Citymail.cuny.edu

Address: _____
Number Street Apt # City State ZIP

Semester: Fall Winter Spring Summer Year: 20_____

Student Signature: _____

Please check CUNYFirst to see your changes after transaction completed.

If you are receiving Financial Aid or TAP, removing your course(s) may affect current and future eligibility. Please contact the Financial Aid Office at (212) 650-6656 before submitting this form.

➡ I understand my financial obligation and wish to proceed with this change: Yes

Adding (T=Take, A= Add)

Dropping (R = Replace, D = Drop)

Registration Code	Course Subject	Course Number	Section Number	Credits	Registration Code	Course Subject	Course Number	Course Section	Credits	Professor's Signature
<i>ex., 0135</i>	<i>ex., ENGL</i>	<i>ex., 10200</i>	<i>ex., 2MM</i>	<i>ex., 3</i>	<i>ex., 2114</i>	<i>ex., Mus</i>	<i>ex., 0100</i>	<i>ex., a2</i>	<i>ex., 3</i>	

Advisor Signature: _____
Obtain approval from the dean's office of your major

International Advisor: _____
Required **only** for international students (see NAC 1/107)

FOR OVERTALLY PLEASE COMPLETE INFORMATION BELOW:

Department Chair (if overtally, please raise the limit for course): _____

Date approved: _____

Dean's approval if required for overtally: _____ Date: _____

Entered by: _____

Date : _____