



EUGENIO MARIA DE HOSTOS COMMUNITY COLLEGE
OF THE CITY UNIVERSITY OF NEW YORK
OFFICE OF THE REGISTRAR



REQUEST FOR CHANGE OF PLAN (CURRICULUM)

EMPLID#:								
SSN#:								

Last Name

First Name

MI

PLEASE CHANGE MY ACACEMIC PLAN FROM:

TO:

OLD ACACEMIC PLAN

DESIRED ACACEMIC PLAN

SUB-PLAN (CONCENTRATION):

SUB-PLAN (CONCENTRATION):

*****Please see below for entire listing of Academic Plans and Sub Plans (Concentration). *****

STUDENT'S SIGNATURE

DATE

DESIRED PROGRAM COORDINATOR

DATE

OFFICE OF THE REGISTRAR USE ONLY

NEW PLAN

SUB PLAN

ENTERED BY

DATE

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RECEIVED BY REGISTRAR'S OFFICE: _____ DATE: _____