



EUGENIO MARÍA DE HOSTOS COMMUNITY COLLEGE
OF THE CITY UNIVERSITY OF NEW YORK

OFFICE OF THE REGISTRAR

CHANGE OF PROGRAM FORM
FORMULARIO PARA CAMBIO DE PROGRAMA

NAME IN FULL (PLEASE PRINT) LAST NAME, FIRST NAME	STUDENT ID #
CURRICULUM	TELEPHONE

I WISH TO DROP THE FOLLOWING:
DESEO RETIRAR LOS SIGUIENTES CURSOS:

I WISH TO ADD THE FOLLOWING:
AÑADO LOS SIGUIENTES CURSOS:

Course Code	Dept.	Course	Section	Academic Credits.	Billable/ Eq. Credits.
TOTAL				<input style="width:40px;" type="text"/>	<input style="width:40px;" type="text"/>

Course Code	Dept.	Course	Section	Academic Credits.	Billable/ Eq. Credits.
TOTAL				<input style="width:40px;" type="text"/>	<input style="width:40px;" type="text"/>

Student's Signature
Firma Del Estudiante

Advisor's Signature
Firma Del Consejero

FOR OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE

FIRST CHANGE THIS SEMESTER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	TOTAL BILLABLE/EQUATED CREDITS BEFORE	<input style="width:40px;" type="text"/>	TOTAL BILLABLE/EQUATED CREDITS AFTER	<input style="width:40px;" type="text"/>
CHANGE TOTAL ACADEMIC CREDITS BEFORE	<input style="width:40px;" type="text"/>		CHANGE TOTAL BILLABLE/EQUATED CREDITS AFTER	<input style="width:40px;" type="text"/>		
CHANGE TOTAL WITHDRAWAL FROM ALL YOUR COURSES	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Check If Leave Of Absence Filed			DATE

PERCENT OF REFUND: **CHECK ONE:**

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> 100 %
(BEFORE FIRST DAY OF CLASSES) | <input type="checkbox"/> 75 %
(DURING FIRST WEEK OF CLASSES) | <input type="checkbox"/> 50 %
(DURING SECOND WEEK OF CLASSES) | <input type="checkbox"/> 25 %
(DURING THIRD WEEK OF CLASSES) |
|---|---|--|---|

GRADE FOR COURSE TO BE DROPPED. **CHECK ONE ONLY.**

- | | |
|---|---|
| <input type="checkbox"/> DROP BEFORE 4 TH WEEK. WITHOUT ACADEMIC PENALTY. | <input type="checkbox"/> "W" FROM 4 TH TO 7 TH WEEK |
|---|---|

FOR SUMMER SESSION:

<input type="checkbox"/> 100 % (BEFORE FIRST DAY OF CLASSES)	<input type="checkbox"/> 50 % (DURING FIRST WEEK OF CLASSES)	<input type="checkbox"/> 25 % (DURING SECOND WEEK OF CLASSES)
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STAFF SIGNATURE: _____ **DATE RECEIVED:** _____