



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: \_\_\_\_\_