



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: _____



Students who wish to change their career and/or educational objectives, please contact your assigned advisor or coach. You can find your advisor by logging into Hostos Navigate at <https://hostos-cuny.navigate.eab.com/>.