

## Major Declaration

(FOR MATRICULATED STUDENTS ONLY)

Date: \_\_\_\_\_

SS #: XXX-XX-\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

LAST NAME	FIRST NAME	STUDENT ID NUMBER
ADDRESS		TELEPHONE
CITY	STATE	ZIP CODE
HUNTER COLLEGE: e-mail account		

1. Complete the Major approval form with your Major Department academic advisor.
2. All Major selections must be approved by an Academic Department representative of the Major Department.
3. Advisor(s): Please provide the appropriate Curriculum Code for the Major.
4. Transfer Students admitted with condition(s) to a BA Major must complete the back of this form (see Reverse)

### DECLARATION OF A MAJOR (One transaction per request)

**ADD** (please check one only)

First Major

Second Major

Third Major

Curriculum Code:

DEPARTMENT \_\_\_\_\_

TITLE OF PROGRAM \_\_\_\_\_ # OF CREDITS REQUIRED IN PROGRAM \_\_\_\_\_

DEGREE (Check the appropriate box):  BA  BS  BFA  BA-MA/MS \* (See Note below)

**DELETE**

\_\_\_\_\_

Department approval not required

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPARTMENT STAMP

I, the undersigned, understand that I will lose credits for courses not creditable toward the degree chosen, but will be financially responsible for them:

\_\_\_\_\_  
Student Signature Date

\*Note: BA-MA/MS students must pay Graduate Tuition Rate for Graduate courses once 120 credits have been completed.

You must declare a major once you have accumulated 60 credits. The first year you declare a major becomes your 'catalog year' for that major. Catalog year means, you must adopt the current catalog's requirements any time you declare, add or change your major(s).

FOR INTERNAL OFFICE USE ONLY			
_____ Date Received	_____ Initial	_____ Date Processed	_____ Initial

# For Transfer Students who need Pre-Requisite(s) for the Major ***BA Curricula Only***

- Continued enrollment in the Major is contingent upon successful completion of all conditions.
- Admitted students are required to complete the following requirements within the first two consecutive semesters of enrollment in the major.
- ***Must complete both pages of this form to process request.***

STUDENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
CHOICE OF PRELIMINARY MAJOR

\_\_\_\_\_  
APPROVED BY: ADVISORS SIGNATURE

*DEPARTMENT STAMP*

	COURSE PREFIX	COURSE NUMBER	Minimal GRADE REQUIRED <small>(Please circle/check)</small>							OTHER	
			A +	A	A -	B +	B	B -	C +		C
<b>1</b>			A +	A	A -	B +	B	B -	C +	C	
<b>2</b>			A +	A	A -	B +	B	B -	C +	C	
<b>3</b>			A +	A	A -	B +	B	B -	C +	C	
<b>4</b>			A +	A	A -	B +	B	B -	C +	C	
<b>5</b>			A +	A	A -	B +	B	B -	C +	C	

**Additional Condition(s):** \_\_\_\_\_  
(Please Specify Specialties)

**I, the undersigned, understand that I must pass all of the pre-requisite courses approved by the Department Advisor listed above within two consecutive semesters from the approval date to continue in this major:**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

FOR INTERNAL OFFICE USE ONLY

_____ Date Received	_____ Initial	_____ Date Processed	_____ Initial
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