

# PROGRAM ADJUSTMENT ADD/DROP FORM

E-Mail Address: \_\_\_\_\_

**Check the term in which you are now registering:**

Spring ( ) 20\_\_      Fall ( ) 20\_\_  
Summer ( ) 20\_\_      Winter ( ) 20\_\_

STUDENT ID #: \_\_\_\_\_

**ARE YOU AN INTERNATIONAL STUDENT? Circle one YES or NO**

LAST NAME: \_\_\_\_\_

**Check the Campus:**

Brooklyn ( )      Farmingdale ( )  
Westchester ( )      Other ( )

FIRST NAME: \_\_\_\_\_

**Check your Career:**

Undergraduate (01) \_\_\_      Graduate (02) \_\_\_

<b><u>DROP</u></b>					<b><u>ADD</u></b>				
Class Number	Subject	Course	# of Credits	Advisor Approval	Class Number	Subject	Course	# of Credits	Advisor Approval

# of Credits before this change: \_\_\_\_\_

# of Credits after this change: \_\_\_\_\_

I hereby accept financial responsibility for payment of all charges in connection with the above adjustment.

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

Date \_\_\_\_\_

**GRADUATE STUDENTS ONLY**

**UNDERGRADUATE AND GRADUATE STUDENTS**

**AUDIT REQUEST**

I REQUEST THE PRIVILEGE TO EXERCISE THE AUDIT OPTION IN COURSE \_\_\_\_\_.

ADVISORS SIGNATURE \_\_\_\_\_.

I REQUEST THE PRIVILEGE TO EXERCISE THE AUDIT OPTION IN COURSE \_\_\_\_\_.

ADVISORS SIGNATURE \_\_\_\_\_.

**THESIS, RESEARCH, GUIDED READING, REQUIRED VARIABLE CREDIT COURSES.**

CLASS # \_\_\_\_\_ SUBJ. \_\_\_\_\_ COURSE# \_\_\_\_\_ # OF CREDITS \_\_\_\_\_

TITLE: \_\_\_\_\_

INSTRUCTOR: \_\_\_\_\_

ADVISOR: \_\_\_\_\_

DEPT. HEAD: \_\_\_\_\_

**PRE-REQUISITE APPROVAL**

**OVER THE LIMIT APPROVAL**

Course Ref. # \_\_\_\_\_ Auth. Sig.: \_\_\_\_\_

Course Ref. # \_\_\_\_\_ Auth. Sig.: \_\_\_\_\_

Course Ref. # \_\_\_\_\_ Auth. Sig.: \_\_\_\_\_

Course Ref. # \_\_\_\_\_ Auth. Sig.: \_\_\_\_\_

Course Ref. # \_\_\_\_\_ Auth. Sig.: \_\_\_\_\_

Course Ref. # \_\_\_\_\_ Auth. Sig.: \_\_\_\_\_