LaGuardia Community College - Office of the Registrar

Change of Major or Concentration

(Choose one semester and indicate year)
☐ Fall  ☐ Spring  Year: _______

Changing your major may impact your degree requirements, financial aid and the length of time to complete your degree. Consult with your academic advisor prior to submitting this form to explore all your options and ensure that you choose a major that best matches your transfer and career goals.

1. Select the MAJOR that you wish to pursue at LaGuardia (refer to the Majors and Concentrations list). You may also declare or change a concentration within a major.

2. After you have obtained the proper signatures (if required):
   - Continuing students submit this form to the Registrar’s Office, room C-107.
   - New students, who have not yet registered for their first semester, visit the Office of Admissions in room C-102 to complete a “Change of Status Form.”

3. If the change of major affects your transfer credit, please see a Transfer Credit Evaluator for re-evaluation in the Office of Admissions in room C-102.

IMPORTANT: Change of Major Forms submitted after the deadline (published online in the academic calendar) will not go into effect until the following semester. Remember, a change of major may also affect your financial aid. Please consult with a financial aid advisor in Student Financial Services, room C-107.

PLEASE PRINT CLEARLY

CUNYfirst EMPL ID#

___________________________________________  ________________________________________
Last Name  First Name

If your Major has a Concentration, please declare/change it to the right.

<table>
<thead>
<tr>
<th>Current Major (Plan)</th>
<th>Current Concentration (Sub-Plan)</th>
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<table>
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<tr>
<th>New Major (Plan)</th>
<th>New Concentration (Sub-Plan)</th>
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Student’s Signature: ___________________________  Date: ____/____/____

A Program Coordinator's signature is required for any major on the list marked with an asterisk (*). Please refer to the Majors and Concentrations list for the location of coordinators.

Coordinator's Signature: ___________________________  Date: ____/____/____

Signature from Pick-up: ___________________________  Date: ____/____/____

Office use only

Processed by: ___________________________  Date: ____/____/____

Original – Registrar’s Office  Yellow copy – Student