

Declaration of Major/ Minor

This completed form <u>MUST</u> be uploaded along with a valid <u>PHOTO ID</u> to the <u>Registrar's secure portal</u>. Printed out forms <u>WILL NOT</u> be accepted in person or through email.

| SEMESTER: SPRING 2 | 2026 CUNYFirs | t Empl ID (8 digits): _ | | |
|--|--|--|---|--|
| Name: | | | SS#XXX- | XX |
| Last | | First | | (Last 4- digits) |
| Email: | | Perferred Pl | none#: | |
| Each student MUST provide an encoressed, a confirmation email updates. | | | | |
| Are you currently on an F1 Visa? | | | Yes | No |
| Are you in the ACE program at York? | | | Yes | No |
| Jse drop down menu fo | or Major/Minor | MAJOR/MINOR F | REQUEST | |
| New Major: | | | | |
| Second Major (optional°): | | | | |
| lew Minor (optional°): | | | | |
| econd Minor (optional°): | | | | |
| Second majors and minors are opt equirements MAY NOT count towa Any student wishing to declare Count toward to the count of the count o | rds full-time for Financi Clinical Laboratory So I Therapy, Public Healt or form to the specific d es the form, the student | ial Aid. siences/Medical Technologich, Social Work and Teac epartment for the Departm is MUST upload the form to | ogy, Health and I her Education pro ent Chair 's signatu the Registrar's sec | Physical grams <u>MUST</u> ire. Once the sure portal. |
| Department Chair Signature | | | Date | |
| Students MUST submit the D 21st day of the semester(see the 22nd day of the semest the next semester when the r As a result of my major/min fulfill my graduation requirem | e Academic Calénder WILL NOT be placed by Declaration of Internation | ar for exact date). Any rocessed. Students we Major/Minor form beconswledge that additiona | y form received will have to subnomes available. | d on or after nit the form for |
| Student Signature | | | Date |) |
| | OFFICE | USE ONLY | | Photo ID Checked |
| Rec'd From: | Date:_ | | | |
| Date Major/Minor Change entered o | n | | | |
| Date email sent to student: | | | | |