



Rockland Campus
Graduate Registrar
Nyack College/ATS
350 North Highland Ave
Nyack, NY 10960
(845) 770-5766
(845) 348-3918 (fax)

New York City Campus:
Graduate Registrar
Nyack College/ATS
2 Washington Street
New York, NY 10004
(646) 378-6117
(917) 237-0399 (fax)

Modification of Program Request

Please complete and return to Registrar

Student Name: _____ Student ID#: _____

Degree Program /Concentration: _____ Date: _____

Type of Request: (check one)

___ **A** - Substitution for required **core** course(s): _____

___ **B** - Substitution for required **track** course(s): _____

___ **C** - Count *transferred course* toward a required course: _____

___ **D** - Take more than *18(ATS)/15 (Other graduate programs) credit hours*

___ **E** - Waive prerequisite. Please specify: _____

___ **F** - Other (please describe): _____

Reason for Request: _____

Required Signatures:

Approved Not Approved Date

_____ Degree Program Director : _____

_____ Dean of the School: _____

_____ Graduate Registrar: _____