

# Nyack College

## Modification of Program Request

*Please complete and return to Registrar*

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Major: \_\_\_\_\_ Concentration: \_\_\_\_\_ Level: Freshman Sophomore Junior Senior  
(Please circle one)

**Type of Request:** (check one)

- \_\_\_ **A** - Substitution for a required course in the **core**  
{requires the signature of the department head setting the requirement}\*
- \_\_\_ **B** - Substitution for a required course in the **major**  
{requires the signature of the department head setting the requirement}\*
- \_\_\_ **C** - Substitution for a required course in a **concentration**  
{requires the signature of the department head setting the requirement}\*
- \_\_\_ **D** - Count *transferred course* toward a required course  
{requires the signature of the department head of course **not** being taken}\*
- \_\_\_ **E** - Take more than 20 credit hours
- \_\_\_ **F** - Waive prerequisite
- \_\_\_ **G** - Repeat D
- \_\_\_ **H** - Other

**Specific Request:** \_\_\_\_\_

**Reason for Request:** \_\_\_\_\_

**Signatures needed:**

Approved	Not Approved	Date		
_____	_____	_____	Faculty Advisor:	_____ Required for <b>A B C D E F G H</b>
_____	_____	_____	*Department Head {of required course} :	_____ Required for <b>A B C D H</b>
_____	_____	_____	Registrar:	_____ Required for <b>A B C D E F G H</b>
_____	_____	_____	Dean of the College:	_____ Required for <b>E H</b>