



New York City Campus
Service Center
Nyack College
2 Washington Street
New York, NY 10004
(646) 378-6192
servicecenter@nyack.edu

Modification of Program Request

(Please use a separate form for each request)

Student Name: _____ ID # _____ Date: _____

Major: _____ Level: Freshman Sophomore Junior Senior Graduate
(Please circle one)

Type of Request: (check one)

- A** - Substitution for a required course in the **core**
{requires the signature of the department head of course **not** being taken}*
- B** - Substitution for a required course in the **major**
{requires the signature of the department head of course **not** being taken}*
- C** - Substitution for a required course in a **concentration** (*undergrad only*)
{requires the signature of the department head of course **not** being taken}*
- 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** (*all undergraduate programs*) / **18** (*ATS*) / **15** (*other graduate programs*) *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 A B C D E F G H
_____	_____	_____	*Department Head { <i>of required course</i> }:	_____ Required for A B C D H
_____	_____	_____	Dean of the School:	_____ Required for E H
_____	_____	_____	Registrar:	_____ Required for A B C D E F G H

For Office Use Only

Date done in the system: _____ By: _____