

## The Division of Graduate Studies

## Curriculum/Program Change

### **APPLICATION PROCESS: PLEASE READ**

Accepted and/or enrolled graduate students who are interested in being considered for a new graduate program should complete this form. You will be asked to submit any additional supporting materials required by your new program. It is advisable to include a new statement of purpose.

1. Complete the application below. If your original application was filed less than 2 years ago, your original admissions application will be used for the new review process.
2. If you continued your education after being accepted by Brooklyn College, you must submit official transcripts of your studies.

### **PERSONAL INFORMATION:**

Last 4 digits of Social Security#: \_\_\_\_\_

Female: \_\_\_\_\_ Male: \_\_\_\_\_

First name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(MM/DD/YY)

Mailing address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_  
Home number \_\_\_\_\_ Mobile number \_\_\_\_\_

E-mail address: \_\_\_\_\_

My current program is \_\_\_\_\_  
Program \_\_\_\_\_ Program Code \_\_\_\_\_

I would like to apply to \_\_\_\_\_  
Program \_\_\_\_\_ Effective Semester & Year \_\_\_\_\_ Program Code \_\_\_\_\_

I hereby certify that all the information given in this form is accurate and complete. I understand that all the information contained in this form will be treated confidentially and will be used for institutional purposes only. I realize that failure to provide complete and accurate information may affect my admission. I understand that my application will not be considered until the Office of Graduate Admissions receives all the necessary documents.

In addition, I understand that previous acceptance to one program does not guarantee acceptance to a new program.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_