

Declaration of Major/ Minor

SEMESTER: **FALL 2025** CUNYFirst Empl ID (8 digits): _____

Name: _____ SS # XXX-XX-_____
Last First (Last 4- digits)

York College Email: _____ Phone#: _____

All students **MUST** have a York College email account. If you do not currently have one, please visit the [IT/ Help Desk](#). Once your application has been processed, a confirmation email will be sent to your [York College email account](#). Please check your [CUNYfirst account](#) for updates.

Are you currently on an F1 Visa? Yes ☐ No ☐

Are you in the ACE program at York? ☐ Yes ☐ No

MAJOR / MINOR REQUEST

New Major: _____

Second Major (optional^o): _____

New Minor (optional^o): _____

Second Minor (optional^o): _____

^oMinors and second majors are optional(are not required to earn a degree). As such, courses taken towards those requirements **MAY NOT** count towards full-time for Financial Aid.

*The completion of this form **DOES NOT** guarantee admission/acceptance to the following programs unless the department chairperson grants approval: **Clinical Laboratory Sciences/Medical Technology, Health and Physical Education, Nursing, Occupational Therapy, Public Health, Social Work and Teacher Education programs.** Descriptions for each program and criteria for formal admission can be found in the [York College bulletin](#). The Department Chair's signature below grants approval for the major requested above.

Department Chair Signature _____ Date _____

Students may submit the Declaration of Major/Minor form from the start of registration up until the **21st day** of the semester. **Any form received on or after the 22nd day of the semester WILL NOT be processed.** Student will have to wait until the next semester when the new Declaration of Major/ Minor form becomes available.

As a result of my major/minor change, I acknowledge that additional credits may be required to fulfill my graduation requirements for the new major/minor.

Student Signature _____ Date _____

Student **MUST UPLOAD** form along with a **valid PHOTO ID** to the [Office of the Registrar Secure Portal](#) Printed out forms **WILL NOT** be accepted in person.

OFFICE USE ONLY

Photo ID Checked

Rec'd From: _____ Date: _____ INITIALS

Date Major/Minor Change entered on CUNYfirst: _____

Date email sent to student: _____