For Asso. Dean's Office Use Only

OFFICE OF THE ASSOCIATE DEAN

MILDRED AND GEORGE WEISSMAN SCHOOL OF ARTS AND SCIENCES
BARUCH COLLEGE, CUNY

MAJOR/SPECIALIZATION FORM

DAY EVENING

LAST NAME _____ FIRST NAME_____

SS#_____E-MAIL ADDRESS_____

ADDRESS_____
Street City State Zip Code

TELEPHONE (H)_____(Cell or W)_____

CHECK HERE IF YOU TRANSFERRED INTO BARUCH

60% OF MAJOR MUST BE COMPLETED AT BARUCH COLLEGE
A "C" AVERAGE IS REQUIRED FOR YOUR MAJOR.

MAJOR_____ MAJOR CODE_____

IF THIS IS A DOUBLE MAJOR PLEASE INDICATE THE OTHER MAJOR_____

PREREQUISITES FOR MAJOR	

COURSES REQUIRED FOR MAJOR			**ELECTIVE COURSES FOR MAJOR**		
DEPARTMENT	NUMBER	CREDITS	DEPARTMENT	NUMBER	CREDITS

TOTAL MAJOR CREDITS_____

DEPT. ADVISOR_____DATE_____

DEPT. ADVISOR_____DATE_____
(Second Signature needed only for Ad-Hoc Majors)

DEAN'S APPROVAL_____DATE_____