



Office of the Associate Dean
One Bernard Baruch Way, Box, B8-265
New York, NY 10010

MAJOR/SPECIALIZATION FORM

LAST NAME _____ FIRST NAME _____

CUNY Emplid: _____ E-MAIL ADDRESS _____

ADDRESS _____
Street City State Zip Code

TELEPHONE (H) _____ (Cell or W) _____

A MINIMUM GPA OF 2.0 IN THE MAJOR IS REQUIRED FOR GRADUATION

I TRANSFERRED TO BARUCH

NOTE: 60% OF MAJOR MUST BE COMPLETED AT BARUCH COLLEGE

I HAVE COMPLETED THE PRE-WEISSMAN CORE

(for students entering Spring 2015 or later; please see the undergraduate bulletin for details)

COM 1010 Two semesters of a foreign language (6-8 credits)

ACADEMIC PLAN (MAJOR) _____ CONCENTRATION *(if applicable)* _____

DOES THIS REPLACE A PREVIOUSLY DECLARED MAJOR? NO YES *(OLD MAJOR)* _____

IF THIS IS A DOUBLE MAJOR PLEASE INDICATE THE OTHER MAJOR _____

| PREREQUISITES FOR MAJOR | |
|-------------------------|--|
| | |
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| COURSES REQUIRED FOR MAJOR | | | ELECTIVE COURSES FOR MAJOR | | |
|----------------------------|--------|---------|----------------------------|--------|---------|
| DEPARTMENT | NUMBER | CREDITS | DEPARTMENT | NUMBER | CREDITS |
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TOTAL MAJOR CREDITS _____

DEPT. ADVISOR _____ DATE _____

DEPT. ADVISOR _____ DATE _____

(Second Signature needed only for Ad-Hoc Majors)

DEAN'S APPROVAL _____ DATE _____