EUGENIO MARIA DE HOSTOS COMMUNITY COLLEGE
OF THE CITY UNIVERSITY OF NEW YORK
OFFICE OF THE REGISTRAR

REQUEST FOR CHANGE OF PLAN (CURRICULUM)

EMPLID#								

Last Name _____ First Name _____ MI _____

PLEASE CHANGE MY ACADEMIC PLAN

FROM: **TO:**

CURRENT ACADEMIC PLAN _____ DESIRED ACADEMIC PLAN _____

CURRENT SUB-PLAN (CONCENTRATION) _____ DESIRED SUB-PLAN (CONCENTRATION) _____

DEGREE PROGRAMS & CONCENTRATIONS: www.hostos.cuny.edu/DegreePrograms/

STUDENT'S SIGNATURE _____ DATE _____ DESIRED PROGRAM COORDINATOR'S SIGNATURE _____ DATE _____

NOTE:
Students who wish to change their career and/or educational objectives, please contact your assigned advisor or coach. You can find your advisor by logging into Hostos Navigate at https://hostos-cuny.navigate.eab.com/.

For expedited service, forward the completed form with signatures to: ChangeOfPlan@hostos.cuny.edu

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********** **FOR OFFICIAL USE ONLY** **********

NEW PLAN	SUB PLAN	ENTERED BY	DATE

RECEIVED BY REGISTRAR'S OFFICE _____ DATE: _____

Rev. 02/13/26 JC