Please complete this form if you are a current student at Farmingdale requesting a change of major. All curriculum change requests, with the exception of Nursing and Dental Hygiene (AS degree), must be approved by the new academic department. Signed forms must be sent to Transfer Services, Laffin Hall, 2nd Floor, prior to the semester in which the change is to be effected. Curriculum changes for Nursing and Dental Hygiene (AS degree) must be delivered to Admissions prior to the published application deadlines (department chair/Dean signatures are not required).

Students who will have completed an Associate’s degree prior to the change of major must also complete the Joint Admissions/Intent to Enroll form on the reverse side. Please note that students who will have graduated with a Bachelor’s degree MUST file a new admissions application.

Date: ________________________ Effective Semester: ________________

RAM ID #:__________________________________

________________________________________________________________________________________

(Last Name)     (First Name)           (Middle Initial)

________________________________________________________________________________________

(Current Telephone Number)        (Previous Degree/Major)

________________________________________________________________________________________

(Current Email Address)         (New Degree/Major)

Check all that apply:

( ) I am an EOP student
( ) I am an F-1 or J-1 student (must seek approval from International Education Office)
( ) I have earned a two year degree at Farmingdale (complete reverse side).

Applicant Signature: ________________________________

________________________________________ _________________
Dean/Chairperson’s Name - Print Date

________________________________________ _________________
Dean/Chairperson’s Approval - Signature Date
STATE UNIVERSITY OF NEW YORK
Joint Admissions/Intent to Enroll

1. __________________________________ / __________________________________ / _______________________________
   Last Name First Name Middle Name

2. Social Security Number: ______-_____-______
3. Date of Birth: ____ / ____ / ____ (MM/DD/YY)

4. Permanent Mailing Address
   ____________________________________________________________
   ____________________________________________________________
   City                                      State/Province                                      Zip Code

5. Sex:  ☐ Male  ☐ Female
6. Home Phone: (      ) ______ - _________
7. Daytime Phone: (      ) ______ - _________

8. Are you a U.S. Citizen?  ☐ Yes  ☐ No
   9a. Are you a New York Resident?  ☐ Yes  ☐ No
   9b. If yes, how many years and months? _____ / _____ (YY/MM)

10. Please give county of permanent residence (New York State residents only):

11. Your response to this question is optional:
    ☐ White, non-Hispanic (W)
    ☐ Black, non-Hispanic (B)
    ☐ Hispanic/Latino (H)
    ☐ Asian or Pacific Islander (A)
    ☐ American Indian/Native Alaskan (I)
    ☐ Not Listed Here (O)

Four-Year College: _____Farmingdale______________________________
     College Code: __9__ __5__

Curriculum: ______________________________________________________
     Curriculum Code: ___  ___  ___  ___

Semester Beginning: _____ / _____ (MM/YY)

Campus Housing?  ☐ Yes  ☐ No

Special Campus Project:  ☐ J / ☐ I / ☐ A / ☐ D / ☐ M

Transfer from a State University of New York two-year campus ☐

12a. Have you been convicted of a felony?  ☐ Yes  ☐ No
12b. Have you been dismissed and/or suspended from a college for disciplinary reasons?  ☐ Yes  ☐ No

13. Are you applying for the Educational Opportunity Program? EOP is for New York State students who need both academic and financial support. Be sure to complete questions 9a-b.  ☐ Yes  ☐ No

14. What associate degree will you earn from your SUNY two-year campus?  ☐ AA (1)  ☐ AS (2)  ☐ AAS (3)  ☐ AOS (4)

15. Indicate the date the associate degree was (or will be) earned: _____ / _____ (MM/YY)

16. List the two-year Joint Admissions college you attend.

__9__ __5__  Farmingdale______  ____ to ____ / ____  ________________  ____  ____  __2526____

I understand that this form may also grant approval for my two-year college to release my official transcripts to the four-year college listed above.

Applicant Signature: ______________________________________________________
Date: ____ / ____ / ____