

OFFICE OF ADMISSIONS
New Student Semester Change

DATE: _____

NAME: _____

STREET: _____

CITY _____

STATE: _____ **ZIP:** _____

RAM ID or SS# _____ **Date of Birth** _____

Please change my application from _____
(previous semester)

to _____ **in** _____
(new semester) **(curriculum)**

Please check the appropriate statement:

() I have attended the following College or University

**() I have not attended college since my last application to
Farmingdale State College**

Signature _____