BRONX COMMUNITY COLLEGE

Office of the Registrar
Colston Hall, Room 513
P: 718.289.5710
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Bronx Community College
of The City University of New York
2155 University Avenue
Bronx, New York 10453

APPLICATION FOR A SECOND DEGREE

INSTRUCTIONS/REQUIREMENTS: This form must be submitted to the Registrar's Office when completed.

- A student may not be enrolled in two degree programs simultaneously.
- A student may receive only one degree in a graduation period.
- A student may not receive the same degree twice (e.g., by pursuing a new option/subplan).
- A student's second degree must be distinctly different from the first, including requiring an additional 15 or more credits for the second degree.

Students should consult section 11.6 of BCC's Codification of Academic Rules and Regulations for detailed requirements regarding a second degree.

PART I: Contact Information

Student's Name:
Last   First   Middle Initial

Current Address:
Street Address   Apartment#

City   State   Zip Code

CUNYfirst EMPL ID#:

Email Address: **Month and Day of Birth:** _____/_____

Home Phone#:   **Cell Phone#:**

PART II: College Information

Name of **OLD** Curriculum pursued: _____

Date Graduated: _____

I wish to apply for Matriculation towards a second Associate Degree.

Name of **NEW** Plan and Subplan you wish to pursue: _____

Semester you wish to begin NEW Plan and Subplan:

☐ Fall 20_____   ☐ Spring 20_____   ☐ Summer 20_____

Student's Signature: _____   **Date:** _____

PART III: (To be completed by the Curriculum Coordinator of the second degree area)

__ I hereby give my approval for the above named student to obtain a second degree in the requested course of study. This approval is subject to all college regulations to which it pertains.

__ Permission is denied

Curriculum Coordinator's Signature: _____   **Date:** _____

FOR OFFICIAL OFFICE USE ONLY – REGISTRAR'S OFFICE

DISPOSITION	DATE
Application Approved	
Application Denied	
Curriculum Code	
Starting Date	
Student Notified	

Processed By: _____   **Date:** _____
Registrar Representative's Signature