



Office of the Registrar
Colston Hall, Room 513
P: 718.289.5710
F: 718.289.6308

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
City State Zip Code Apartment#

CUNYfirst EMPL ID#: _____ Last 4 Digits SSN: _____

Email Address: _____ Day and Month 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: _____
Registrar Representative's Signature

Date: _____