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Graduate Certificate Declaration Form (FOR MATRICULATED GRADUATE STUDENTS ONLY)

AST NAME	Ÿ	EMPL ID #			
	FIRST NAME		EMPE 10 #		
DDRESS			CF USER NAME	@myhunter.cuny.e	
ITY STATE		ZIP CODE	TELEPHONE	Α	
Complete the Graduate Certificate a All Certificate selections must be app Advisor(s): Please provide the approp	roved by an Ac	ademic Department r	epresentative.		
<u>ADD</u>					
Dept		Eff	Effective Semester		
Certificate			+		
		AP	PROVED BY:	DATE:	
<u>Current Maj</u> <u>information</u>					
Dept			DEPARTMENT STAMP		
Major Plan					
Track/Concentration (CF Code) if ap		-			
undersigned, understand that I may	lose credits tow	vards my degree com	oletion for courses not applicab	le as a result of the above	
change	e, but will contin	nue to be financially r	esponsible for them.	as a result of the above	
Student Signature	9			Date	
		GISTRAR'S OFFICE US			