



JOHN JAY COLLEGE
THE CITY UNIVERSITY OF NEW YORK
OF CRIMINAL JUSTICE

APPLICATION FOR CHANGE OF DEGREE

NAME: _____
(Last) (First) (Middle)

SOCIAL SECURITY #: _____ - _____ - _____

ADDRESS: _____
(Street) (Apt. Number) (City) (State) (Zip Code)

E-MAIL ADDRESS: _____

PHONE NUMBER: _____

PRESENT DEGREE PROGRAM: _____

NUMBER OF CREDITS COMPLETED: _____

NEW DEGREE PROGRAM: _____

APPROVED COURSES FROM PREVIOUS DEGREE:

PLEASE NOTE: IN GENERAL, ALL COURSES TAKEN AT JOHN JAY COLLEGE WITHIN THE MASTER OF ARTS IN FORENSIC PSYCHOLOGY GRADUATE PROGRAM WILL TRANSFER INTO THE MASTER OF ARTS IN FORENSIC MENTAL HEALTH COUNSELING PROGRAM.

(Signature of New Program Director)

