



Office of the Registrar  
4+1 GRADUATE PROGRAM DECLARATION FORM

Last Name:  First Name:

Ramapo ID:  Ramapo Email:  Date:

Student Approval (Sign):

**4+1 Graduate Declaration Program**

Add	Drop	Master's Program	Director's Name	Director's Signature
<input type="checkbox"/>	<input type="checkbox"/>			

Complete the section below if you are changing your undergraduate degree program

Add	Drop	UG Degree Program	Convener's Name	Conveners Signature
<input type="checkbox"/>	<input type="checkbox"/>			

Programs

**Anisfeld School of Business**

Master of Business Administration  
Master of Science in Accounting

**School of Contemporary Arts**

Master of Fine Arts in Creative Music Technology (Fall 2021)

**School of Science and Human Services**

Master of Arts Special Education

**School of Theoretical and Applied Science**

Master of Science in Data Science

**Return the completed form to:**

**Office of the Registrar in D-224, Telephone: 201-684-7695, Fax: 201-684-7956, E-Mail: [reg@ramapo.edu](mailto:reg@ramapo.edu)**