



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 Science in Accounting

School of Contemporary Arts
Master of Fine Arts in Creative Music Technology

School of Science and Human Services
Master of Arts Special Education

School of Theoretical and Applied Science
Master of Science in Data Science
Master of Science in Applied Mathematics
Master of Science in Computer 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