Office of Enrollment Services
400 Paramus Road
Paramus, New Jersey 07652-1595
(201) 447-7195
www.bergen.edu

Change of Major/Semester of Application/Application Withdrawal Form

== FOR APPLICANTS ONLY ==

All previously and currently enrolled students must contact Academic Counseling, (201) 447 7211

Name: _____
First Middle Last

Address: _____
Street

_____
City State Zip

Social Security Number or Student ID Number (REQUIRED): _____

Phone: (_____) _____
☐ Cell | ☐ Home | ☐ Work | ☐ Other:_____

☐ I, _____, would like to ***change my major*** on my application. *I have not yet registered for any courses at Bergen Community College, and I am a new applicant.* I would like to change my major ***from*** _____ ***to*** _____*.

(Please include major codes. Note that not all majors are open enrollment, & some restrictions may apply. We will contact you if necessary.)

☐ I, _____, would like to ***change my semester of enrollment*** on my application. *I have not yet registered for any courses at Bergen Community College, and I am a new applicant*. I would like to change my incoming semester ***from*** _____ ***to*** _____.

(Fall & Spring changes only).

☐ I, _____, would like to ***withdraw my application*** for enrollment at Bergen Community College. *I have not yet registered for any courses at Bergen Community College, and I am a new applicant*.

X _____ **Date:** _____
Signature (REQUIRED)

Please either fax this form to (201) 670 7973, mail this form to the address above, or bring it in person to Enrollment Services window in A-129