

Courant Institute of Mathematical Sciences 251 Mercer Street New York, NY 10012 P: 212 998 3011 F: 212 995 4124

## **Change of Program Application**

This form is for students wishing to change master's degree programs within the Department of Computer Science.

When the form is completed, please submit it to your advisor, either Jennifer Conlan Darlington (conlan@cs.nyu.edu or CIWW 324) or Katie Laugel (laugel@cs.nyu.edu or CIWW 326), along with an updated resume and a revised statement of purpose.

Note that decisions regarding this application will not be made before a student has completed one full semester in the department or a minimum of three graduate computer science courses.

Name:		
(Last)	(First)	(Middle)
TU ID #: Date of Birth:		
Other names which may appear on cred	lentials:	
Address:		
Telephone numbers: (work) (h	nome)(c	rell)
NYU email address:		
From:	(Program)	
To:		
	(Program)	
Semester you wish to begin: ☐ Fall	$\square$ Spring $\square$ Summe	er Year
Term of first registration in GSAS:	Semester	Year
Last term attended in GSAS:	Semester	Year
To Be Filled Out By the Comput	ter Science Department	
Decision: approved	rejected	
Notes:		
Signature:	Date:	