

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 Betty Tsang (btsang@cs.nyu.edu or CIWW 326) or James Paguyo (paguyo@cs.nyu.edu or CIWW 324), 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. Students must be in good academic standing to be considered for a change of program.

Name:			
(Last, first, middle)	ı		
NYU ID #:	Date of Birth:		
Other names which may appear on o	credentials:		
Address:			
Telephone numbers: (work)			
NYU email address:			
From:(Program)			
To:(Program) Semester you wish to begin: □ F Term of first registration in GSAS: Last term attended in GSAS:	Fall	□ Summer	Year Year Year
To Be Filled Out By the Comp Decision: approved Notes:	puter Science Depart	tment	
Signature:		Date:	