

REGISTRATION FORM THE CITY COLLEGE OF NEW YORK

Name: _____
Last
First
Middle

EMPL ID #: _____ Major: _____

Phone #: _____ Email: _____

Semester: Fall Winter Spring Summer Year: 20_____

Career: Undergraduate Graduate Doctoral

Student Signature: _____

| Undergraduate Or Graduate | Class Number | Department | Course Number | Section | Credits | Department Approval |
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Total Credits Allowed: _____

Advisor's Approval: _____ Date: _____

Processed by: _____

Date: _____