

## CUNY PERMIT FORM

### **Grove School of Engineering-Icahn School of Medicine at Mount Sinai Ph.D. Exchange Program**

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Empl ID: \_\_\_\_\_ Plan (Major): \_\_\_\_\_ GPA: \_\_\_\_\_

Email: \_\_\_\_\_ @citymail.cuny.edu Phone Number: \_\_\_\_\_

**Host College:** Icahn School of Medicine at Mount Sinai

**Permit Type:** GSOE-ISMMS Exchange

Reason for Manual Permit: **CCNY GSOE-Icahn School of Medicine Exchange Program**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- **First year students cannot participate in this Program.**
- **You must have a GPA of 3.0 or higher to go on permit.**
- **You may only register a lifetime maximum of two courses (6 credits).**
- **If you have already taken 6 credits on permit, you DO NOT qualify for this Program and cannot register additional courses.**
- **You must attach a copy of your CCNY Transcript when submitting this form**

Host College Department	Host College Course Number	Host College Credits	Home College Equivalent Department	Home College Course Number	Home College Credits

Comments to Reviewer:

Ph.D. Advisor: \_\_\_\_\_ Advisor's Signature: \_\_\_\_\_

Graduate Affairs Approver: \_\_\_\_\_ Approver's Signature: \_\_\_\_\_

CCNY Registrar's Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_

VALID ONLY IF COLLEGE SEAL IS AFFIXED

ISMMS Registrar's Office Approval: \_\_\_\_\_