The City College
of New York

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

Total Credits Allowed: _____

Advisor's Approval:_____   Date: _____

Processed by: _____   Date: _____