

CUNY SCHOOL OF MEDICINE

Office of the Registrar – Harris Hall, Room 102

REGISTRATION FORM

STUDENT EMPL ID	Last Name	First Name	MI

Phone #: _____ Email: _____

Semester: Fall Spring Summer Year: 20____

Career: Graduate Medicine

Student's Signature: _____ Date: _____

Subject Area	Catalog Number	Class Number	Section	Credits

Dean's Approval (when required): _____ Date: _____

FOR OFFICE USE ONLY

Processed by: _____ Date: _____