ADMIT FORM

Office of the Registrar

City College of New York
160 Convent Avenue
New York, New York 10031

Phone: 212.860.7833
Fax: 212.650.1610

Student Name: [Name]
Student ID: [ID]
Date of Birth: [DOB]
City: [City]
Zip: [Zip]
Phone: [Phone]
SS# [SS]

Please print the following information:

1. Obtain written permission from the Department Chair(s) as well as the Faculty member(s) on the bottom portion of this form.
2. Registration will take place before classes begin. Please print schedule of classes or check online for location and times.
3. Payment must be made to the Business Office. Tuition is the same as for credit and are listed in the class schedule.
4. Students 25 or older (60 years of over) may apply for a 50% fee and a 15% CNY Conried Scholarship fee for the semester.
5. Adult majors cannot be charged to credit status after the closing date for the registration.

PLEASE CIRCLE: [Course]

Please Note: Undergraduate courses only

Faculty Chair/Department Chair

[Signature]

[Date]

[Course Code]

[Course Name]

[Section]

[Time]

[Date]

[Location]

[Course Code]

[Course Name]

[Section]

[Time]

[Date]

[Location]

[Course Code]

[Course Name]

[Section]

[Time]

[Date]

[Location]

[Course Code]

[Course Name]

[Section]

[Time]

[Date]

[Location]