THE CITY COLLEGE OF NEW YORK
OFFICE OF THE REGISTRAR
CUNY PERMIT FORM
FOR MATRICULATED STUDENTS ONLY

Name

LAST NAME **FIRST NAME**

ID NUMBER

MAJOR **GR UG**

DIVISION

HOST COLLEGE **DURING (SEMESTER)**

HOST COLLEGE COURSES			HOME COLLEGE EQUIVALENT		
DEPT.	COURSE NUMBER	CREDITS	DEPT.	COURSE NUMBER	Department Approval from Home College

ADVISOR'S APPROVAL **DATE** **STUDENT'S SIGNATURE** **DATE**

Graduate Students must have a 3.0 index.
Undergraduate Students must have a 2.0 index.

SIGNATURE OF DEAN IN DEPARTMENT OF MAJOR INTEREST **DATE**

ETS CODE ( )

REGISTRAR'S REPRESENTATIVE **DATE ISSUED**

VALID ONLY IF COLLEGE SEAL IS AFFIXED

BURSAR'S VALIDATION

CCNYPER3M 05/01

REGISTRAR COPY