



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: _____