REGISTRATION FORM

THE CITY COLLEGE OF NEW YORK

Term/Year _____

			–			–				

STUDENT - ID **LAST NAME** **FIRST NAME** **MI**

EMAIL

MAJOR **STUDENT'S SIGNATURE**

CRSE CODE	DEPT.	COURSE NUMBER	SECT.	# CRS.	# HRS.	DEPARTMENT APPROVAL

LIST ALTERNATIVE COURSES BELOW : <---------> To Replace Courses listed Above

YOUR REGISTRATION WILL BE CANCELLED IF PAYMENT IS NOT COMPLETED BY THE DATE INDICATED ON YOUR BILL. A BURSAR'S RECEIPT WITH A CASH REGISTER VALIDATION INDICATES PAID REGISTRATION.

Total Credits Allowed _____

ADVISOR'S APPROVAL DATE