

## REGISTRATION FORM

Directions: Complete the form below. Submit in person.

<b>STUDENT INFORMATION- Print clearly</b>	
First Name: _____	Last: _____
Date of Birth: (MM/DD) _____	CUNY first ID: _____
Student Signature: _____	Date: _____

<b>SEMESTER (Check one):</b> <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <b>ACADEMIC YEAR: 20</b> _____
Please Circle: <b>1L</b> <b>2L</b> <b>3L</b>

### **COURSES TO ADD:**

Registration Code	Course Title	Credits

<b><u>OFFICE USE ONLY</u></b>	
DATE RECEIVED: _____	_____ (Staff)
DATE PROCESSED: _____	_____ (Staff)