

CUNY SCHOOL OF LAW
(PART-TIME PROGRAM STUDENTS)

REQUEST TO REGISTER FOR LESS THAN 6 CREDITS

Name: _____ CUNYfirst ID (8-digit #): _____

Semester: _____ Date of Birth (MM/DD): _____

Please Circle: **2L** **3L** **4L**

Classes you plan to enroll in or for which you are currently registered:

Classes you wish to drop, if any:

Course Name # of Credits

Course Name # of credits

Total number of credits
requesting to be dropped: _____

Number of Credits: _____

The requested number of credits of enrollment: _____

() Approved () Denied

Signature: _____
 Academic Dean/Assistant Dean

Date: _____

*****This form must be taken or emailed to the Office of Registration -- Room
(4109)/registraroffice@law.cuny.edu*****