

(FULL-TIME PROGRAM STUDENTS)

REQUEST TO REGISTER FOR MORE THAN 16 OR LESS THAN 12 CREDITS

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

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

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

Your currently registered classes:

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: _____

Additional credits you wish to take if seeking to register for more than 16 credits:

Course Name # of Credits

Total No. of credits requesting to be added: _____

The requested number of credits **after** adding or dropping classes: _____

() Approved () Denied

Signature: _____ Date: _____
Academic Dean/Assistant Dean