

## 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> <b>Fall</b> <b>Spring</b> <b>Summer</b> <b>ACADEMIC YEAR: 20</b> _____ |
| Please Check One: <b>1L</b> <b>2L</b> <b>3L</b>   |

**COURSES TO ADD:**

| Registration Code | Course Title | Credits |
|-------------------|--------------|---------|
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|                   |              |         |
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|                   |              |         |
|                   |              |         |

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