REGISTRATION APPROVAL for __________

DATE: _______________  *Adv. PIN: _______________

NAME: ____________________________ Banner ID _______________ LEVEL: ______

IF LEVEL 1; PASSED COMPREHENSIVE EXAM?   YES ______ NO_____

ARE YOU SCHEDULED TO TEACH NEXT SEMESTER? If Yes: what campus, dept, classes?

__________________________________________________________________________

# of INCs _____________

ADVISOR: ______________________

COURSES: #, title, instructor, credits, and (if course is outside this program) the dept/school

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

REQUESTS FOR IND STUDY OR PERMIT-OUT (CUNY COLLEGES OR CONSORTIUM):

No. of Independent studies already taken ________ With (name of faculty) __________

requesting this semester with (name of faculty) ____________________________

[Please note that the above requires EO’s approval and permit out needs a separate form. \textit{Independent study is subject to available course units for the program} and final decisions can only be made after all students have registered. In the meantime you should register for another course. If units become available you will be notified, and you can then drop the course and add the independent study. Please note any compelling/extenuating circumstances relevant to your request here or on the back of this form.]

Registration approved ________  On hold ________ (check one)

If on hold, conditions for approval are:

__________________________________________________________________________

__________________________________________________________________________

EO’s or Advisor’s Signature____________________________________

*Once approved, bring this form to the APO (Rati Kashyap) in order to receive your Advisement PIN.

\textit{OFFICE KEEPS ORIGINAL - STUDENT KEEPS THE COPY.}