

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. *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.
OFFICE KEEPS ORIGINAL - STUDENT KEEPS THE COPY.