STUDENT’S NAME: ________________________________
(Please Print) Last First MI

ID #: ________________________________________

PROGRAM: ____________________________________

Student: ________________________________
(Signature) (Date)

HOST COLLEGE: ______________________________

COURSE INFORMATION:

COURSE DEPT: ________________________________

COURSE NUMBER: ________________________________

COURSE TITLE: ________________________________

CREDIT VALUE: ________________________________

REGISTER: FOR GRADE? ________ OR FOR AUDIT? ________
(Check One)

INSTRUCTOR: ________________________________
(Please Print) First Name Last Name

Approval:
Advisor’s/E.O. Approval (required for all courses):

____________________________
(Signature) (Date)

Vice President’s Approval (Rm. 7301)

____________________________
(Signature) (Date)

* In order to be considered for enrollment in a Consortium course you must have completed at least 2 semesters at The Graduate Center, be in good academic standing and demonstrate that the course in question will not be offered at The Graduate Center in the near future.