

Non-Matriculated Student Approval Form

Smith _____ Jane _____
(Last Name) (First Name) (Middle Name)
101 Main Street, Apt 7A _____
(Address)
New York, NY 10016 _____
(City, State, Zip)
123-456-7890 _____ jsmith@gmail.com _____
(Telephone) (Email Address)
Fall 2020 _____
(Semester)

The above individual has permission to register as a Non-Matriculated student for the course/s listed below:

PSY 75500 Psychopathology I Dr. Sam Green 59032
(Course Number) (Course Name) (Instructor) (CRN #)


Student has permission to register assuming there are seats available at the time of this registration

Student has permission to register

PSY _____
(Course Number) (Course Name) (Instructor) (CRN #)

Student has permission to register assuming there are seats available at the time of this registration

Student has permission to register

Instructor Approval:  _____ Date: 5/18/2020
(Instructor's Email Approval Accepted in lieu of Signature)

Exec. Office Approval: _____ Date: _____

*VP for Student Affairs: _____ Date: _____

Non-matriculated students may not register for certain required courses. Instructor and Program approvals are required for course enrollment. Please take this completed form to the Office of the Registrar on the seventh floor of the Graduate Center to register as a non-matriculated student. Please be prepared to pay all fees at the time of registration.

**Non-matriculated students may not take more than a lifetime total of two courses or eight (8) credits, whichever is less, without written approval from the Office of the Vice President for Student Affairs.*