NYU College Preview
Course Approval Form

Student Fname: ________________________ ID: ____________________
Student Lname: ________________________
School: _______________________________

1. Course 1: ______________________________________________________
2. Course 2: _____________________________________________________
3. Course 3: _____________________________________________________

I approve these courses for this student:

______________________________ __________________________
Signature of High School Advisor

Enter student’s ID and fax this form to
(212) 995-4277

No cover sheet is necessary.