

## Course Permission

Office of Student Affairs • Registration Services • 82 Washington Square East, 2<sup>nd</sup> Floor, NY, NY 10003 (212) 998-5054/55

### Student Information

<input type="radio"/> Ms <input type="radio"/> Mr			<b>N</b>
	First Name	Last Name	ID Number
Street		City	State Zip Code Telephone
Department	Major	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Visiting UG	<input type="checkbox"/> Graduate <input type="checkbox"/> Special Graduate Email Address
School	Semester		Year

**Instructions:** Meet with your advisor. Fill out the Student Information and other appropriate boxes. Obtain the necessary signatures (your advisor should sign this form last and keep the pink copy). Bring the form to Registration Services for an approval signature; if necessary, Registration Services will adjust the number of points for which you will be allowed to register. For all other requests, bring the white copy to the University Registrar at 25 West 4<sup>th</sup> Street where the Registrar will add the courses indicated below.

I request permission to register for a program of more than 18 points: Number of Points   (20 Points Maximum)

Department Chair's Signature (1)	Date	Advisor's Signature	Date
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(1) Department Chair in which you are matriculated

I am an undergraduate student requesting permission to register for a "2000" level graduate course

Course #/Section	Call Number	Course Title	Instructor's Signature
Department Chair's Signature (1)	Date	Advisor Signature	Date

(1) Department Chair in which you are matriculated

I request permission to register for the following course(s) that require permission – courses with restrictions, controls, and any course after the close of registration

Course #/Section	Course Title	Call Number	Instructor/Department Rep Signature
Course #/Section	Course Title	Call Number	Instructor/Department Rep Signature
Course #/Section	Course Title	Call Number	Instructor/Department Rep Signature

I request permission to register for the following closed section(s) if not at room capacity

Course #/Section	Course Title	Call Number	Instructor/Department Rep Signature
Course #/Section	Course Title	Call Number	Instructor/Department Rep Signature

<b>For NYUSteinhardt Use Only</b>		
	Approval Signature	Date