

# HOW TO COMPLETE REGISTRATION FORMS

105 is the Course #

Course Title

## BIOL 105 - General Biology: Physiology and Cell Biology

Class	Section	Days & Times	Room	Instructor	Status
56375	<a href="#">1-LEC Regular</a>	TuTh 6:30PM - 7:45PM	Kiely Hall 170	Pokay Ma	●

Requirement Designation: Required Core - Life and Physical Sciences

1 is the LEC Section

(56375)

is the LEC Code

Class	Section	Days & Times	Room	Instructor	Status
56375	<a href="#">1A-LAB</a>	Mo 10:00AM - 12:00PM	Colwin 102	Staff	●

Requirement Designation: Required Core - Life and Physical Sciences

Class	Section	Days & Times	Room	Instructor	Status
56375	<a href="#">1B-LAB Regular</a>	Mo 1:40PM - 4:30PM	Colwin 102	Staff	●

Requirement Designation: Required Core - Life and Physical Sciences

Class	Section	Days & Times	Room	Instructor	Status
56380	<a href="#">1C-LAB Regular</a>	Tu 9:10AM - 12:00PM	Colwin 102	Staff	●

Requirement Designation: Required Core - Life and Physical Sciences

Class	Section	Days & Times	Room	Instructor	Status
56381	<a href="#">1D-LAB Regular</a>	Tu 1:40PM - 4:30PM	Colwin 102	Staff	●

Requirement Designation: Required Core - Life and Physical Sciences

1D is the LAB Section

(56381)

is the LAB Code

Class	Section	Days & Times	Room	Instructor	Status
56381	<a href="#">1E-LAB</a>	Mo 10:00AM - 12:00PM	Colwin 102	Staff	●

Requirement Designation: Required Core - Life and Physical Sciences

Class	Section	Days & Times	Room	Instructor	Status
56381	<a href="#">1F-LAB Regular</a>	We 1:40PM - 4:30PM	Colwin 102	Staff	●

Requirement Designation: Required Core - Life and Physical Sciences



Semester: Spring 2015

Department of Biology

REGISTRATION FORM

Class Standing Transfer (Freshman, Sophomore, Junior, Senior, 2nd BA, Transfer)

Jane Doe  
Student Name (FIRST & LAST)

12345678  
CUNYfirst ID #  
(Not Your SS#)

(123) 456-7890  
Telephone Number

QC E-mail Address: jdoe100@qc.cuny.edu

Please Add:

Code		Section		Course #	Course Title
LEC	LAB/REC	LEC	LAB/REC		
56375	56381	1	1D	105	General Biology: Physiology & Cell Biology

I have the pre-requisites for the above course(s).

Jane Doe

11/14/2015

Student Signature

Date

Please Drop:

Code		Section		Course #	Course Title
LEC	LAB/REC	LEC	LAB/REC		
<b>ONLY FILL IN THIS PORTION IF YOU ARE DROPPING/SWAPPING A COURSE</b>					

Due to a schedule conflict, I give permission to drop the above course(s).

Student Signature

Date