QUEENS COLLEGE

Semester: _____

Department of Biology
REGISTRATION FORM

Class Standing_____ **(Freshman, Sophomore, Junior, Senior, Transfer, Graduate)**

_____	_____	_____
Student Name	**CUNYfirst ID #**	**Telephone Number**

PRIMARY E-MAIL ADDRESS: _____

☐ **Please ADD the following courses:** ☐ **Please indicate if you are swapping a course**

Class Nbr (5-Digit Code)		**Course #** (BIOL XXX)	**Course Name**
Class Nbr for LECTURE ONLY	**Class Nbr LAB OR REC ONLY**		

I hereby give permission to add or swap the course(s). I have the required pre-requisites for the above course(s).

Student Signature Date

☐ **Please DROP the following courses:**

Class Nbr (5-Digit Code)		**Course #**	**Course Name**
Class Nbr LECTURE	**Class Nbr LAB OR REC**		

I hereby give permission to drop the above course(s).

Student Signature Date