

Department of Biology

REGISTRATION FORM

Class Standing _____ (Freshman, Sophomore, Junior, Senior, Transfer, Graduate)

PRINT Student Name _____

CUNYfirst ID # _____

Telephone Number _____

PRIMARY E-MAIL ADDRESS: _____

<input type="checkbox"/> Please ADD the following courses:	Class Nbr (5-Digit Code)		Course # (BIOL XXX)	Course Name
	Class Nbr for LECTURE ONLY	Class Nbr LAB OR REC ONLY		

<input type="checkbox"/> Swapping course	Class Nbr (5-Digit Code)		Course # (BIOL XXX)	Course Name
	Class Nbr for LECTURE ONLY	Class Nbr LAB OR REC ONLY		
Currently enrolled in:				
Change to:				

Please read the following:

1. I hereby permit you to add or swap the course(s). I have the required prerequisites for the above course(s).
2. By submitting this registration request, you are requesting enrollment in the selected course(s) and agree to the tuition, fee, and other terms of CUNY's Tuition and Fee Manual (TFM). You also confirm receipt of the TFM from:
<https://www.cuny.edu/about/administration/offices/legal-affairs/university-tuition-fee-manual/#student-liability-8-general-policies>

☐ I have read CUNY's TFM and agree.

Student Signature

Date