**Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department of Biology**

**OVERTALLY FORM**

**Class Standing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Freshman,Sophomore, Junior, Senior)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Name (FIRST & LAST) CUNYfirst ID #**

 **(Not Your SS#)**

**Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**QC E-mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­**

**I consent to being registered for the following course.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** | **Section** | **Course #** | **Course Title** |
| **LEC** | **LAB/REC** | **LEC** | **LAB/REC** |
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|  |  |  |  |  |  |
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|  |  |  |  |  |  |

Student Signature Date

**Although the course above has reached maximum enrollment, I will allow this student to register for my course.**

Professor Name (please print)

Professor Signature Date