

Department of Biology

REGISTRATION FORM

Class Standing _____

PRINT 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 # <small>(ex: BIOL 105)</small>	Name of Course
LECTURE <small>(Class Nbr ONLY)</small>	LAB OR REC <small>(Class Nbr Only)</small>		

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

 Student Signature Date
 Please DROP the following courses:

Class Nbr (5-digit code)		Course #	Name of Course
LECTURE	LAB OR REC		

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

 Student Signature Date