



Office of the Registrar - Division of Student Affairs

Academic Department Permission Form

This form requires an approved department signature

Fall  Spring  Year: \_\_\_\_\_

Student's Name: \_\_\_\_\_

CUNYfirst EMPLID

Grid for CUNYfirst EMPLID

PRE/CO-REQUISITE PERMISSION

COURSE SECTION CUNYfirst #

DEPARTMENT ACTIONS

PLEASE CHECK THE APPROPRIATE BOX

PRE-REQUISITES:  OVERRIDE  TAKE AS CO-REQUISITE

CO-REQUISITES:  OVERRIDE

COURSE SECTION CUNYfirst #

OVERTALLY PERMISSION FOR A CLOSED SECTION

COURSE SECTION CUNYfirst #

OTHER REGISTRATION PROBLEMS

Blank lines for other registration problems

Revised: TL-05/2016

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

APPROVED DEPARTMENT SIGNATURE

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Office use only:

Processed by: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: 31-10 Thomson Avenue Long Island City, NY 11101

PHONE: 718-482-7200 WEB: www.laguardia.edu

