# Academic Department Permission Form

**Student's Name:** ____________________________  
**CUNYfirst EMPLID:** ___________  

## PRE/CO-REQUISITE PERMISSION

<table>
<thead>
<tr>
<th>COURSE</th>
<th>SECTION</th>
<th>CUNYfirst #</th>
</tr>
</thead>
</table>

## OVERTALLY PERMISSION FOR A CLOSED SECTION

<table>
<thead>
<tr>
<th>COURSE</th>
<th>SECTION</th>
<th>CUNYfirst #</th>
</tr>
</thead>
</table>

## DEPARTMENT ACTIONS

**PLEASE CHECK THE APPROPRIATE BOX**

- [ ] PRE-REQUISITES: OVERRIDE
- [ ] TAKE AS CO-REQUISITE
- [ ] CO-REQUISITES: OVERRIDE

## OTHER REGISTRATION PROBLEMS

__________________________________________

__________________________________________

__________________________________________

**Student's Signature:** ____________________________  
**Date:** _____/_____/

__________________________________________  
**APPROVED DEPARTMENT SIGNATURE**  
**Date:** _____/_____/

**Office use only:**

- **Processed by:** ____________________________  
- **Date:** _____/_____/

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**Office of the Registrar - Division of Student Affairs**

**Fall ☐ Spring ☐ Year: _____**