Semester/Year

AMNH/CUNY Permit Out Form

Student Information

Name: _____
Last **First** **Middle**

Student ID: _____ **Program:** _____

_____ _____
Student Signature **Date**

Course Information

Course Subject: _____ **Course Number:** _____

Course Title: _____

Instructor: _____
(Please print) **Last Name** **First Name**

Course Credits: _____ **Register for Grade:** ____ **or Audit:** ___
(Check one box only)

Executive Officer's Approval: _____ _____
(Signature) **(Date)**

GC Registrar Approval: _____ _____
(Signature) **(Date)**

RGGS Registrar Approval: _____ _____
(Signature) **(Date)**