

LAGUARDIA COMMUNITY COLLEGE-OFFICE OF THE REGISTRAR
ACADEMIC DEPARTMENT PERMISSION FORM

This form requires department signatures.

STUDENT'S NAME _____ SS#: _____/_____/_____

<p style="text-align: center;">PRE/COREQUISITE PERMISSION</p> <p>STUDENT WISHES TO TAKE COURSE _____ . _____</p> <p style="text-align: center;">DEPARTMENTAL ACTIONS PLEASE CHECK ON APPROPRIATE LINE AND SIGN AS INDICATED</p> <table border="0"><tr><td style="width: 30%;">PREREQUISITES:</td><td style="width: 15%;"><input type="checkbox"/> OVERRIDE</td><td style="width: 15%;"><input type="checkbox"/> TAKE AS COREQUISE</td><td style="width: 40%;"></td></tr><tr><td>_____ . _____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td></td><td></td><td></td><td style="text-align: center;">CHAIRPERSON'S SIGNATURE</td></tr><tr><td></td><td></td><td></td><td style="text-align: center;">BASIC SKILL DEPT. SIGNATURE IF REQUIRED</td></tr></table> <p>COREQUISITES:</p> <table border="0"><tr><td style="width: 30%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 40%;"></td></tr><tr><td>_____ . _____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td></td><td></td><td></td><td style="text-align: center;">CHAIRPERSON'S SIGNATURE</td></tr><tr><td></td><td></td><td></td><td style="text-align: center;">BASIC SKILL DEPT. SIGNATURE IF REQUIRED</td></tr></table>	PREREQUISITES:	<input type="checkbox"/> OVERRIDE	<input type="checkbox"/> TAKE AS COREQUISE		_____ . _____	_____	_____	_____				CHAIRPERSON'S SIGNATURE				BASIC SKILL DEPT. SIGNATURE IF REQUIRED					_____ . _____	_____	_____	_____				CHAIRPERSON'S SIGNATURE				BASIC SKILL DEPT. SIGNATURE IF REQUIRED	<p style="text-align: center;">OVERTALLY PERMISSION FOR A CLOSED SECTION</p> <p style="text-align: center;">_____ COURSE _____ SECTION _____</p> <p style="text-align: center;">APPROVED DEPARTMENT SIGNATURE</p> <p style="text-align: center;">OTHER REGISTRATION PROBLEMS</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">APPROVED DEPARTMENT SIGNATURE</p>
PREREQUISITES:	<input type="checkbox"/> OVERRIDE	<input type="checkbox"/> TAKE AS COREQUISE																															
_____ . _____	_____	_____	_____																														
			CHAIRPERSON'S SIGNATURE																														
			BASIC SKILL DEPT. SIGNATURE IF REQUIRED																														
_____ . _____	_____	_____	_____																														
			CHAIRPERSON'S SIGNATURE																														
			BASIC SKILL DEPT. SIGNATURE IF REQUIRED																														

DEPOSIT THE COMPLETED FORM IN THE DROP BOX BY C-107, AFTER 2 BUSINESS DAYS, YOU CAN COMPLETE YOU REGISTRATION.

STUDENT'S SIGNATURE

DATE

PROCESSED BY _____

DATE _____