

**LAGUARDIA COMMUNITY COLLEGE
REGISTRAR'S PERMISSION FORM**

No Department signature is required. Please place in the drop box by C107. After 2 business days, you may call the Registration Telephone System and add the class you schedule.

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

YOU CAN ONLY USE THIS FORM IF ANY ONE OF THE FOLLOWING APPLIES TO YOU

1) I REGISTERED FOR _____ IN SESSION _____ AND I WISH TO TAKE THE NEXT LEVEL COURSE

Examples: M A T 0 9 5 . 1 5 2 1 I OR II
 A M A 1 1 1 . 0 0 0 1

Examples: _____ IN SESSION _____ .
M A T 0 9 6 . 7 6 6 0 I OR II
A M A 1 1 2 . 7 0 0 1

-OR-

2) I HAVE COMPLETED OR HAVE BEEN WAVIED FROM CSE 099 AND WISH TO TAKE THE FOLLOWING INTRODUCTORY COURSE _____ WITH ENG 099. _____.

Examples: S S S 1 0 0 . 1 9 0 0

-OR-

3) I HAVE SUCCESSFULLY COMPLETED A "QUICK START"(USIP) COURSE AND WISH TO TAKE THE NEXT LEVEL COURSE _____ FOR WHICH THIS "QUICK START(USIP) COURSE A PREREQUISITE.

Examples: E N G 0 9 9 . 0 7 3 4

-OR-

4) I WISH TO REGISTER FOR _____ I HAVE COMPLETED THE PREREQUISITES, BUT THE SYSTEM IS NOT ALLOWING ME TO REGISTER.

Examples: H U P 1 0 1 . 1 4 3 1

-OR-

5) I WISH TO REGISTER FOR _____ I HAVE COMPLETED THE PREREQUISITES, BUT THE SYSTEM IS NOT ALLOWING ME TO MAJOR.

Examples: S S Y 1 0 1 . 1 9 3 5

6) OTHER: _____

STUDENT'S SIGNATURE

DATE