



COURSE SELECTION FORM MATRICULATED STUDENTS

Instructions:

- 1) Meet with your Faculty Advisor to discuss your academic schedule for the upcoming semester.
- 2) Fill out this form in its entirety and obtain a signature of your Faculty Advisor for approval. This is **required** in order for the Course Selection Form to be valid.
- 3) Submit a copy of this form to the School of Public Health Office of Student Affairs (Room B4-316B) and retain a copy for your records.
- 4) Please log on to Banner Self Service Online Registration System to register yourself for courses.
- 5) If you are not able to register for a certain course(s) on Banner Self Service, please submit a copy of this form to the Office of the Registrar (Room BSB 1-112) or contact them @ (718) 270-4795 immediately for assistance.

Semester (Check One): [] Fall _____ [] Spring _____ [] Summer _____
Year Year Year

Print Clearly or Type

Name: _____
First Middle Last

Student ID # _____ Local Telephone # (____) _____

Local Mailing Address: _____
Street Apt. #

City: _____ State: _____ Zip Code: _____

Anticipated Date of Graduation (Closest Date Following Completion of Requirements) Check One and Fill in Year:
[] May _____ [] August _____ [] December _____
Year Year Year

COURSE #	CRN #	COURSE TITLE	# OF CREDITS

Student Signature: _____ Date: _____
Advisor Signature: _____ Date: _____