



**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: \_\_\_\_\_