**Department of Computer Science**

**Hunter College of the City University of New York**

**Permission to Register / Class Over-Tally Form**

*For the student:* **FILL IN A SEPARATE FORM FOR EACH CLASS YOU WANT TO REGISTER FOR**

*MAKE SURE ALL INFORMATION IS CORRECT, LEGIBLE, AND COMPLETE*

**INCOMPLETE FORMS WILL NOT BE PROCESSED**

[ ] FALL __________ [ ] SPRING/WINTER __________ [ ] SUMMER __________

STUDENT NAME: ___________________________________________________________________________________

CUNYfirst EMPL ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ DAY PHONE: _________________________________

HUNTER EMAIL: _________________________________________________________@myhunter.cuny.edu

OTHER EMAIL: ___________________________________________________________________________________

COURSE NUMBER/SECTION: CSCI _____ _____ _____ _____ SEC: _________ CLASS #: _____ _____ _____ _____

*For Faculty/Administrators:*

**MISSING PREREQUISITE**

[ ] Student has prerequisite(s) or equivalent(s)

[ ] Student is currently enrolled in prerequisite or co-requisite course(s)

**VALIDATE STUDENT’S TRANSCRIPT**

**PERMISSION TO REGISTER / OVERTALLY**

[ ] Waive ALL academic prerequisites (action requires the signature of course instructor, course coordinator, or Dept. Chair below)

[ ] Over-tally student into requested class

Waiving academic prerequisites and/or over-tallying a student into a class require the written OK of the specific instructor, course coordinator, or the Department Chair below.

Signature, if required: ____________________________________________________________________________

Print Name: __________________________________ Email: ____________________________________________

Title: [ ] Course Instructor [ ] Course Coordinator [ ] Department Chair

---------------------------------For official use only---------------------------------

Received on: ______________________ By: ________________________________________________

Processed on: ______________________ By: ________________________________________________

Notified on: ________________________ By: ________________________________________________