

APPENDIX G: CROSS SCHOOL REGISTRATION FORM

*Please return completed forms to the School of Social Work Enrollment Services Office
1 Washington Square North, Room 104*

Name: _____ UID#: N _____

School Offering Course: _____
Course Name: _____

Course #: _____ Credits: _____

Semester (circle one) : **Fall** **Spring** **Summer** Year: _____

Advisor Approval

I have reviewed this course and:

This student has my approval to take the above class for School of Social Work elective credit.

or

This student has my approval to take the above class without School of Social Work credit.

Signature: _____

Student Agreement

I understand that signing this form does not constitute registration for the above class, and that it is my responsibility to contact the appropriate offices to complete my registration. I understand that having the permission of the School of Social work does not guarantee registration approval from any other school. I also understand that I may be required to submit course descriptions and syllabi to my advisor for elective credit approval.

Signature: _____

For Office Use Only:

New York University Office of Degree and Graduation Services:

The above student has the approval of our school to substitute these courses as elective credit. Please include these when totaling the credit requirement for graduation.

Manager of Enrollment Services:

SW Registration Staff: If checked and signed above, forward copy of form to 7 E. 12th Street. File original in student file.