Permit to attend Another College / Credit on Permit

Submit or mail to: Office of the Registrar, 227 West 60th Street, New York, NY 10023

This form must be filed with the Registrar's Office at least two weeks prior to registration at the visiting school to insure adequate processing time. Please complete all the sections and be sure to obtain the signatures of the proper departmental faculty and/or or deans. This permit is issued only to matriculated students in good academic standing. The maximum number of credits that may be taken Fall or Spring semester, **including those on permit**, is 18; 12 for students on probation. Each summer semester the credit maximum is 7.

| Last Name | | F | irst Name | | Middle/Maiden | | |
|---|--|-----------|-------------------------------|-----------------------------|--------------------|--------|--------------------------------|
| S.S.# | | | | ID# | | | |
| | ng Address per and Street | | | | | Apt. | # |
| City State | | | State | Zip Code | | | |
| Teleph | hone () | | ()Evening | | | | |
| | est permission to registe | □ Other | | | | | |
| Courses at visiting institutions (or Exams) | | | | Course Equivalents at Touro | | | |
| Course Number | | Credit | Dept. Approval's Signature | Course Number | Course Title | Credit | Dept. Approval 's Signature |
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| | If there is no equival Bring course description Office of the Registre | ptions to | faculty whose sig | natures are r | equired. Have a ti | | |
| Dean's Signature (if needed): | | | | Date: | | | |
| Student's Signature: | | | | Date: | | | |
| | | | ***For Office Use C | Only*** | | | |
| | Received by: | | | D: | ate/ | 1 | |
| | Processed by: | | Date// | | | | |

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