



## PERMISSION TO REGISTER

### FOR CLOSED OR RESTRICTED GALLATIN SCHOOL COURSES

After the Gallatin instructor has signed this form, the student must bring it to Gallatin's Office of Student Services, 1 Washington Place, 8th Floor, for school approval. After receiving school approval, the student should bring this form to the NYU Office of the Registrar at 25 West 4th Street to complete the registration process.

### STUDENT INFORMATION (please print clearly):

NAME:	SEMESTER of REGISTRATION: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer	YEAR: 20_____
UNIVERSITY ID: N	PLEASE CHECK: <input type="checkbox"/> UNDERGRADUATE <input type="checkbox"/> GRADUATE	
NYU E-MAIL: _____@nyu.edu		
COURSE NUMBER:	CLASS NUMBER:	
COURSE TITLE:		
STUDENT'S SIGNATURE:		DATE:

### INSTRUCTOR'S APPROVAL

INSTRUCTOR NAME: \_\_\_\_\_  
*(please print)*

INSTRUCTOR: PLEASE CHECK ALL THAT APPLY.

### PERMISSION GRANTED TO REGISTER:

- \_\_\_\_\_ **FOR A CLOSED COURSE**
- \_\_\_\_\_ **LATE** *(after the university's registration deadline)*
- \_\_\_\_\_ **FOR A RESTRICTED COURSE** *(e.g., with a course prerequisite)*
- \_\_\_\_\_ **FOR A COURSE REQUIRING ADVANCED STANDING** *(e.g., for juniors or seniors only)*
- \_\_\_\_\_ **FOR A GRADUATE-LEVEL COURSE**
- \_\_\_\_\_ **FOR A COURSE WITH A TIME CONFLICT** *(e.g., Thesis and Defense)*

\_\_\_\_\_  
*Instructor's Signature*

\_\_\_\_\_  
*Date*

### GALLATIN SCHOOL APPROVAL