Office of the Registrar 365 5th Avenue, Room 7201, New York, NY 10016 212-817-7500 (P) 212-817-1627 (F) registrar@gc.cuny.edu http://www.gc.cuny.edu/Prospective-Current-Students/Current-Students/Registration



## APPLICATION FORM FOR NON-MATRICULATED/AUDITORS/PERMIT or CONSORTIUM STUDENTS

## PROCEDURES FOR TAKING A COURSE/S AS A NON-MATRICULATED/AUDITOR/PERMIT or CONSORTIUM STUDENT

## Course availability is subject to department approval as well as limits on seat availability.

Consortium students need only submit the completed IUDC Form with this completed application.

- Contact the Executive Officer of the program that you are interested in taking the course/s in (once you have found the course in the Dynamic Course Schedule at: <u>https://ssb.gc.cuny.edu/prod/plsql/bwckschd.p disp dyn sched</u>) and get signed written permission on that department's letterhead.
- 2. Complete this Application Form.
- 3. Return the completed and signed application form <u>with</u> signed written permission from the department to the Office of the Registrar via mail, fax or email (scanned as a PDF File) for processing. **PLEASE ENSURE THAT ALL REQUIRED DOCUMENTATION ARE SUBMITTED TOGETHER. Incomplete applications will not be processed.**
- 4. Once your application has been processed you will be sent an email from the Office of the Registrar with your Banner ID Number and the instructions on how to register online for your course/s.
- 5. Once you have your Banner ID Number and password you can log into your Student Web Account at <u>http://www.gc.cuny.edu/GC-Header/Portal</u> and register. Once you have registered a bill will be generated (Non-Matriculated and Auditors only) that can be paid online while you are still in your Student Web Account.
- After registering, <u>if you are a Non-Matriculated or Audit Student</u>, proceed to the Office of the Bursar (Room 8105, 212-817-7680, <u>bursar@gc.cuny.edu</u>) with valid identification <u>and</u> your Banner ID Number so that you can receive the validation sticker required for your GSUC ID, which will be issued by the Security Office (Room 9123, 212-817-7777).

After registering, <u>if you are a Permit and IUDC Student</u>, proceed to the Office of the Registrar (Room 7201, 212-817-7500, <u>registrar@gc.cuny.edu</u>) with valid identification <u>and</u> your Banner ID Number so that you can receive the validation sticker required for your GSUC ID, which will be issued by the Security Office (Room 9123, 212-817-7777).

Please do not send the application fee (\$125 USD) with the written permission and the completed application form. You will be billed by the Office of the Bursar; they can be reached in Room 8105, 212-817-7680, bursar@gc.cuny.edu once you register for your course/s.

## Fill out all requested data clearly and legibly in black or blue ink. This will expedite your application.

			Type of App	olication:		
	Non-Matricul	ated Student				
	Permit Stude	nt from CUNY or Conso	rtium School	Fall	Spring Year:	
	Auditor taking	g course for no credit				
Нач	ve you ever app	blied for admission to G	SUC before?	Yes No	If yes, when?	
		istered at GSUC before		If yes, when?		
Nai	me:					Female/Male
		Last Name	First Name	Middle	Initial	·
Ado	dress:					
		Street		City	State	Zip Code
Но	w long have yo	u resided at the above	address? Years:		Month	s:
Dat	te of Birth:		none Number:			
		MM/DD/YYYY				
Em	ail Address:					
Are	e you a US Citiz	en? Yes No	Social Security	#		
Are	•	ent Resident? Yes		••	e purpose of stude	ent billing.)
Edu	ucational Back	ground (starting from r	nost current work	ing backwards):		

Name of Institution	Attendance		Major	Dograa	Date Awarded
Name of institution	From	То	wajor	Degree	Date Awarded
	-	-			
	1	1	1	1	1

Please list the course/s you wish to enroll in:

Subject	Course #	CRN	Number of Credits	Instructor	Title

I certify that the information entered on this application is complete and correct.

Signature of Applicant

Date

For Official Use Only Banner Id #:

Students enrolling in 6 or more credits, must comply with New York State Public Health Laws, by submitting proof of immunization against measles/mumps/rubella if you were born on/or after January 1, 1957 and complete a Meningococcal Meningitis Vaccination Form with: **The Wellness Center - Room 6422, 212-817-7020; wellness@gc.cuny.edu**.