

POLYTECHNIC UNIVERSITY  
OFFICE OF THE REGISTRAR

COURSE ENROLLMENT FORM

E-Mail Address: \_\_\_\_\_

Check the term in which you are now registering:

Spring ( ) 20\_\_      Fall ( ) 20\_\_  
Summer ( ) 20\_\_      Winter ( ) 20\_\_

STUDENT ID #: \_\_\_\_\_

ARE YOU AN INTERNATIONAL STUDENT? Circle one YES or NO

LAST NAME: \_\_\_\_\_

Check the Campus:

Brooklyn ( )      Long Island Grad Center ( )  
Westchester ( )      55 Broad St ( )

FIRST NAME: \_\_\_\_\_

Check your Career:

Undergraduate (01) \_\_      Graduate (02) \_\_

PRIMARY COURSE SELECTION					ALTERNATIVE COURSE SELECTION				
Class Number	Subject	Course	# Credit	Advisor Approval	Class Number	Subject	Course	# Credit	Advisor Approval

**Notice of Financial Responsibility:** I hereby accept financial responsibility for payment of all charges in connection with the above registration, as well as responsibility for acquainting myself with the registration, withdrawal, and refund policies and procedures set forth in the current Polytechnic University Schedule of Classes.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

REGISTRATION HOLDS	GRAD OR UNDERGRAD STUDENTS	INTERNATIONAL STUDENTS
You must clear all areas checked.	Thesis, Research, Guided Reading, Required variable credit Courses.	Maintainance of study for Full-time load – FTE form must be completed prior to registration.
<u>Type of Hold</u> <u>Clearance initial</u>	Course # _____ 4 digit class # _____ # of Credits _____ Instructor _____ Course title _____ <b>NOTE: registering for less than one credit of a variable credit course is not permitted.</b>	Graduate international students taking less than full time load must fill out a Full-time Equivalency form. <ul style="list-style-type: none"> <li>• <b>BS</b> Students Full-time load is <b>12 Credits</b></li> <li>• <b>MS</b> Students Full-time load is <b>9 Credits</b></li> <li>• <b>PhD</b> Students Full-time Load is <b>9 credits</b> w/o the Qualifying Exam and <b>6 credits</b> after passing the Qualifying Exam.</li> </ul>
___ Admission      _____	Advisor or Dept Head _____	
___ Academic      _____	Office of Acad Affairs _____ (required for maintenance of study only)	
___ Stud. Acct      _____		
___ Sud Life      _____		
___ Other      _____		

**PRE-REQUISITE APPROVAL**

Course Ref. # \_\_\_\_\_ Auth. Sig.: \_\_\_\_\_  
Course Ref. # \_\_\_\_\_ Auth. Sig.: \_\_\_\_\_  
Course Ref. # \_\_\_\_\_ Auth. Sig.: \_\_\_\_\_

**OVER THE LIMIT APPROVAL**

Course Ref. # \_\_\_\_\_ Auth. Sig.: \_\_\_\_\_  
Course Ref. # \_\_\_\_\_ Auth. Sig.: \_\_\_\_\_  
Course Ref. # \_\_\_\_\_ Auth. Sig.: \_\_\_\_\_