



Borough of Manhattan Community College
The City University of New York
www.bmcc.cuny.edu

199 Chambers Street
New York, NY 10007-1097
tel. 212-220-8152
fax 212-220-1298

PART TIME (P/T) AUTHORIZATION REQUEST

NAME: _____
First Last Semester / Year

EMP#: _____

Initial P/T enrollment with CD Status Number of prior initial P/T semester(s) _____
 Initial P/T enrollment without CD Status Number of prior initial P/T semester(s) _____

DEPT	COURSE #	SECTION #	CREDITS	HOURS	DROP/WTHDRAWAL DATE

Withdrawal to P/T status Number of prior part time semesters _____
Initial enrollment: _____ Credits / CR. – HRS Total CR/HRS after withdrawals(s) _____

COUSELING CONTACTS

INTIATION

____ Student seeks counseling when needed
____ Student responds only to counselor’s request
____ Student does not respond independently,
or when requested

FREQUENCY

____ At least once per month
____ At least twice per semester
____ NONE

REMARKS/RECOMMENDATION:

COUNSELOR’S SIGNATURE DATE

DIRECTOR’S ACTION

APPROVED: _____
DENIED: _____

DIRECTOR’S SIGNATURE DATE