



Office of the Registrar

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

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New York, NY 10007-1097
tel. 212 220-1290
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PERMISSION TO AUDIT A COURSE

8-digit CUNYfirst ID or 9-digit Social Security Number: _____

_____ Last Name

_____ First Name

I request permission to audit the course(s) listed below. I understand that by signing this form:

- I must pay all required tuition and fees.
- The course(s) is not eligible for financial aid.
- No credit or grade will be given for the course(s).
- Once classes begin, I cannot change the audit status to credit status.

Student Signature _____ Date _____

| DISCIPLINE | COURSE | SECTION | DEPARTMENT CHAIRPERSON SIGNATURE |
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