

BARUCH REGISTRATION FORM

Submit this form to Baruch's Registrar's Office at least three days prior to your registration date.

Name _____ Student ID # _____

Home College _____

Area(s) of Concentration: _____

To the Student: In order to register for upper level Zicklin School classes as Baruch, an appropriate Baruch faculty mentor must approve and sign this form for each course you wish to take.

To the Faculty Mentor: Your signature authorizes a student to register for an available course. Please sign your name next to each course you authorize.

<u>Dept</u>	<u>Course #</u>	<u>Title</u>	<u>Baruch Mentor Approval</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Alternate Courses:

<u>Dept</u>	<u>Course #</u>	<u>Title</u>	<u>Baruch Mentor Approval</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student's Signature: _____ **Date:** _____