



### GRADUATE STUDENT E-PERMIT REQUEST

This form is to be completed by a **non-John Jay College graduate student** who would like to take a class at John Jay College via e-permit.

Please read instructions carefully.

#### STEP I: TO BE COMPLETED BY STUDENT

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

EMPLID#: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home College: \_\_\_\_\_ Home Degree Program: \_\_\_\_\_

#### JJC Graduate Course:

Course Number: \_\_\_\_\_ Course Name: \_\_\_\_\_

Course Section: \_\_\_\_\_ Unique Course Code: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### STEP II: THE STUDENT MUST **FORWARD** THIS FORM TO THE DIRECTOR/ADVISOR OF THE PROGRAM OFFERING THE COURSE (contact information: <http://www.jjay.cuny.edu/graduate-program-directory>)

#### **TO BE COMPLETED BY THE JJC GRADUATE PROGRAM DIRECTOR/ADVISOR ONLY**

Approval granted to take course? YES \_\_\_\_\_ NO \_\_\_\_\_

Permission granted in CUNYfirst? YES \_\_\_\_\_ NO \_\_\_\_\_

Program Director/Advisor Remarks: \_\_\_\_\_

Program Director/Advisor Name (Print): \_\_\_\_\_

Program Director/Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### STEP III:

After obtaining the signature of the appropriate JJC graduate program director/academic advisor, the student must submit this signed form to:

Sara Scaldaffery, Associate Registrar, at [sscaldaffery@jjay.cuny.edu](mailto:sscaldaffery@jjay.cuny.edu) and 'cc' [graduatestudies@jjay.cuny.edu](mailto:graduatestudies@jjay.cuny.edu).

#### For Office Use Only

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Date student was notified of registration appointment (if applicable): \_\_\_\_\_