

Registrar's Office, room C158 Feldman Center 227 West 27th Street New York City 10001 · 5992

telephone 212·217·3820 fax 212·217·3821 www.fitnyc.edu/registrar

ADD / DROP AND SPECIAL APPROVAL FORM

	Last	First				
FIT ID Num	ber					
				Submitted /	1	
-						
Add / Drop PLEASE NOTE	Once your initial registra	ation is processed, a \$25 add/drop n. If you use the web to change you			narged.	
⊘ ADD	DROP Cou	urse Registration Number (CRN)	Course #	Section #	Credits	
	Registrar's Office (C158 student to register for:	with special approval from the depth of the next business day. This found is authorize the student to regis	orm is not to be u	used for overtally.	register for:	
Course Number Section		Course Number	Section	Course Number	Section	
Override pre-requisite(s)		Override pre-requisite(s)	Override pre-requisite(s)		Override pre-requisite(s) Allow student to take pre-requisite(s)	
Allow student to take pre-requisite(s)			Allow student to take pre-requisite(s)		Allow student to take pre-requisite(s) concurrently with course.	
concurrently with course. Override co-requisite(s) of			concurrently with course. Override co-requisite(s) of		Override co-requisite(s) of	
Override major restriction		Override major restriction			Override major restriction	
Major Curriculum Code Dept. Chair Name:			Curriculum Code	Major Dept. Chair Name:		
Signature:		1 -		Signature:		
Date: /		Date: / /				
Credit Over	load Approval					
I would like to	exceed the limit of	credits & register for	credits	for the current semester.		
Dept	. Chair Name:	Dept. Dear	n Name:			
Sign	ature:	Signature:				
Sign	:/	Date:	_ / /	_		
Date				s unless you officially withd		

Student's Name Student's Signature Date