

721 Broadway | 6th Floor New York, NY 10003 **P**: 212 998 1620 **F**: 212 995 4571

Interdepartmental Registration Form

Name:		NYU ID # N
E-mail:		Student Status: (UG, MA or PhD)
Program enrolled in:		
Semester/Year: Summer	Fall	Spring
PERF-GT	Alb	ert Course #
Course Title:		
work/degree program:		
work/degree program.		
work/degree program.		

By signing above, you certify that you are cleared by your home department to register and that you are in good academic standing. If accepted, the department will contact you with registration instructions before the start of classes. If you no longer wish to be enrolled in the course, it will be your responsibility to drop the course within the designated drop/add period.

