



Office of the Registrar

Permission to Audit Form

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

199 Chambers Street, S315
New York, NY 10007-1097
tel. 212 220-1290

Instructions:

1. Fill out the form clearly and completely.
2. Drop off the form in the Panther Station (Room – S225) or email to registrar@bmcc.cuny.edu

8-digit CUNYfirst ID: _____

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 _____

Term	Course/Section	Department Chair (or designee) Signature