APPLICATION FORM FOR
NON-MATRICULATED/AUDITORS/PERMIT or CONSORTIUM STUDENTS

PROCEDURES FOR TAKING A COURSE/S AS A NON-MATRICULATED/AUDITOR/PERMIT or CONSORTIUM STUDENT

Course availability is subject to department approval as well as limits on seat availability.

Consortium students need only submit the completed IUDC Form with this completed application.

1. Contact the Executive Officer of the program that you are interested in taking the course/s in (once you have found the course in the Dynamic Course Schedule at: https://ssb.gc.cuny.edu/prod/plsql/bwckschd.p_disp_dyn_sched) and get signed written permission on that department's letterhead.
2. Complete this Application Form.
3. Return the completed and signed application form with signed written permission from the department to the Office of the Registrar via mail, fax or email (scanned as a PDF File) for processing. PLEASE ENSURE THAT ALL REQUIRED DOCUMENTATION ARE SUBMITTED TOGETHER. Incomplete applications will not be processed.
4. Once your application has been processed you will be sent an email from the Office of the Registrar with your Banner ID Number and the instructions on how to register online for your course/s.
5. Once you have your Banner ID Number and password you can log into your Student Web Account at http://www.gc.cuny.edu/GC-Header/Portal and register. Once you have registered a bill will be generated (Non-Matriculated and Auditors only) that can be paid online while you are still in your Student Web Account.
6. After registering, if you are a Non-Matriculated or Audit Student, proceed to the Office of the Bursar (Room 8105, 212-817-7680, bursar@gc.cuny.edu) with valid identification and your Banner ID Number so that you can receive the validation sticker required for your GSUC ID, which will be issued by the Security Office (Room 9123, 212-817-7777).

After registering, if you are a Permit and IUDC Student, proceed to the Office of the Registrar (Room 7201, 212-817-7500, registrar@gc.cuny.edu) with valid identification and your Banner ID Number so that you can receive the validation sticker required for your GSUC ID, which will be issued by the Security Office (Room 9123, 212-817-7777).

Please do not send the application fee ($125 USD) with the written permission and the completed application form. You will be billed by the Office of the Bursar; they can be reached in Room 8105, 212-817-7680, bursar@gc.cuny.edu once you register for your course/s.
Fill out all requested data clearly and legibly in black or blue ink. This will expedite your application.

**Type of Application:**

- ☐ Non-Matriculated Student
- ☐ Permit Student from CUNY or Consortium School
- ☐ Auditor taking course for no credit

Have you ever applied for admission to GSUC before? ☐ Yes ☐ No If yes, when? ______________

Have you ever registered at GSUC before? ☐ Yes ☐ No If yes, when? ______________________

Name: ____________________________________________ Male/Female

Last Name           First Name           Middle Initial

Address: ____________________________________________

Street              City                State                Zip Code

How long have you resided at the above address? Years: ___________ Months: ___________

Date of Birth: ____________________________ Telephone Number: ____________________________

Email Address: ________________________________

Are you a US Citizen? ☐ Yes ☐ No Social Security # ____________________________

Are you a Permanent Resident? ☐ Yes ☐ No Other ☐ Type of Visa: ____________________________

(It will be necessary for you to provide official documentation for the purpose of student billing.)

**Educational Background (starting from most current working backwards):**

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Attendance</th>
<th>Major</th>
<th>Degree</th>
<th>Date Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>From</td>
<td>To</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Please list the course/s you wish to enroll in:**

<table>
<thead>
<tr>
<th>Subject</th>
<th>Course #</th>
<th>CRN</th>
<th>Number of Credits</th>
<th>Instructor</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I certify that the information entered on this application is complete and correct.

Signature of Applicant __________________________________ Date ____________

Students enrolling in 6 or more credits, must comply with New York State Public Health Laws, by submitting proof of immunization against measles/mumps/rubella if you were born on/or after January 1, 1957 and complete a Meningococcal Meningitis Vaccination Form with: The Wellness Center - Room 6422, 212-817-7020; wellness@gc.cuny.edu.