



Full Name: _____ Major: _____

Length of study:

Fall Academic Year Spring

Please list your course choices in order of preference, and be certain that you have these courses pre-approved by your home university.

| | Course Title | Course Code | Term | Credits | Department |
|----|--------------|-------------|-------|---------|------------|
| 1. | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ | _____ | _____ |
| 8. | _____ | _____ | _____ | _____ | _____ |

If you have general subject requirements, please list them below (e.g., "I need one psychology class and one economics class.") Remember, you will register for courses upon arrival at City University.

***Please retain a copy of this form for your records.**

