

**Registration Form
PUBLIC HEALTH & PH/GSAS**

Fall Spring Summer 20 _____

Instructions:

1. Dial (212) 854-8282
2. You may listen to the messages or enter your selection at anytime. Press star (*) to repeat a message.
3. For registration transactions or to listen to your current registration, press 1.
4. Enter your 9-digit social security number
5. Enter your 4-digit PIN, and then press #.
6. Main Menu Action Codes:
Press 1 to add a class.
Press 2 to drop a class.
Press 3 to find out if a class is open.
Press 4 to register for a class pass/fail.
Press 5 to replace a course with a new section.
Press 6 to listen to your registration.
Press 7 for information on registration.
7. For options 1-5, Enter the 5-digit Call Number, then press # when you are prompted. You can only enter one class at a time. Wait for the system to process your transaction. If the transaction is successful, you will hear the course you selected play back. If the class is full, or causes a time-conflict with other courses for which you've already registered, or if it is not a telephone registration course, messages will prompt you to the next step.
8. After each transaction you will have the option to return to the main menu to add, drop, or listen to courses you've already added.
9. You may hang-up at any time to end the registration session.

Name _____ CUID _____
 Local Address _____
 Phone _____ Email _____
 Degree _____ Department _____
 Advisor _____ Track _____

Action Code	Call Number					Course Number, Name and Section	Approval as Required	Point (s)
	5	4	3	2	1			
1						P0000 Introduction to Public Health Sec 01	Division/Instructor	0.0

Student Signature _____ Term Program Approved By _____ Date _____

Cross Registration Instructions: The telephone registration system will accept only Public Health and GSAS courses. If you cross-register for courses in other schools of the University you must: 1) Obtain their signed approval, 2) register by bringing this form, with signatures, **IN PERSON** to Registrar Services, 650 West 168th Street, Room 1-141, during the **Change of Program Period**.

I certify this student although registered for _____ credits (less than 12), is fulfilling academic requirements (either coursework, preparation for examinations, supervised field work, essay or dissertation) equivalent to a _____ full time* _____ half-time program of study.

Certified by Advisor: _____ Student signature* _____

*Students registered or certified full-time will automatically be billed the Student Health Services fee. For waiver of hospitalization portion coverage, rebate program, etc., contact Student Health Services at 212-305-3400, 60 Haven Ave, #3E. Students registered half-time can have student loans deferred but will not be eligible for University housing and may not be "in status" if they hold and F-1 or J-1 student visa (exemptions made for final term of study).

PRESENT THIS FORM IN PERSON with signatures, to Health Sciences Registrar Services, 650 West 168th Street, Room 1-141, **no later than end of Change of Program period.**

STUDENTS LEAVE A COPY OF YOUR FINAL PROGRAM WITH YOUR DEPARTMENT