



# TOURO COLLEGE

Office of the Registrar 27-33 West 23rd Street New York NY 10010

Tel: (212) 463-0400 Fax : (212) 627-9542

## Permit to Attend Another College / Credit on Permit

This form must be filed with the Registrar's Office at least two weeks prior to registration at the visiting school to insure adequate processing time. Please complete all the sections and be sure to obtain the signatures of the proper departmental faculty and/or deans. This permit is issued only to matriculated students in good academic standing. The maximum number of credits that may be taken fall or spring semester, **including those on permit**, is 18; 12 for students on probation. Each summer semester the credit maximum is seven.

Name \_\_\_\_\_  
*First Last Middle/Maiden*

Social Security # \_\_\_\_\_ Touro I.D. # \_\_\_\_\_ Prg/Ext \_\_\_\_\_

### Mailing Address

Number and Street \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
*DAY EVENING*

I request permission to register at/for \_\_\_\_\_ during the  
*COLLEGE / YESHIVA / EXAMINATION*

Semester(check one)  Summer  Fall  Spring  Other \_\_\_\_\_ Year \_\_\_\_\_

### Courses at visiting institutions (or exam)

### Course equivalents at Touro

Course Number	Title	Credit	Dept	Number	Title	Credit	Dept Approval

- If there is no equivalent Touro course, enter BLCR (blanket credit) under NUMBER / TITLE.
- Bring course descriptions to faculty whose signatures are required. Have a transcript sent to the Registrar at Touro College upon completion of your work.

Dean's Signature (if needed): \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_