

REQUEST FOR APPROVAL OF PART-TIME ENROLLMENT
College Discovery Program
Bronx Community College

Student Data

Name (Last/First/MI): _____ Counselor: _____

Last 4 Digits of SS#: _____ Enrollment Date: _____

Home # _____ Cell # _____ E-Mail _____

I am requesting approval for part-time for the fall or spring of 20_____ semester.

Check One: Probation Semester Completing Basic Skills Restriction Due to Disability

Restriction Due to Academic Major Graduating
(Ex. Nursing & Radiology Technology)

Student Comments : _____

Clearly state the reason(s) for your request. Please use reverse side of this sheet, if you need additional space for your response.

Student's Signature: _____ Date: _____

Academic Status
(Complete Entirely)

GPA (x): _____ Credits (x): _____/_____ Probation Status: _____ #FT CD sem.: _____ #PT sem.: _____
(Accumulated /Attempted) (Including current semester)

ESL: Yes No # of ESL sems: _____ R-ACT _____ CATW _____ COMPASS _____

Last Semester Attended: _____ Expected date of graduation: _____

Major: _____ New? Y N

ICAS Candidate? Y N Academic Support Services Required: Y N

Faculty Recommendation:

Approved Disapproved

Faculty Comments (*Provide the rationale/justification for the student's request above*): _____

Please use the reverse side of this sheet, if you need additional space for your response.

Counselor's Signature: _____ Date: _____

Director's Recommendation: Approved: Denied:

Comments: _____

