

Film & Media Studies Department

Overtally Registration form

Name:
Cunyfirst Empl ID #:
Email Address:
Phone Number:

Professor's Name:
Professor's Signature:
Semester: Course Name/Number /Section:

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Professor's Signature:
Semester: Course Name/Number /Section:

Registration Steps:

1. You must get the Instructor's signature for permission
2. **Drop off** form in the Film & Media Studies Department Office in room 433 HN
3. Register on Cunyfirst