



Registrar's Office, 1280N
John Jay College of Criminal Justice
445 West 59th Street
New York, NY 10019

PERMIT APPLICATION TO ATTEND ANOTHER COLLEGE

Name _____			
Print Clearly	Last	First	Middle
Social security number _____			
Address _____			
City: _____		State: _____	Zip Code: _____

I hereby request permission to attend _____ College during the _____, 20____ semester to take the following course (s) on permit from John Jay College:

<u>DEPT. & NUMBER</u>	<u>TITLE</u>	<u>CREDITS</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

I (WILL) (WILL NOT) register at John Jay College at the same time for the following course(s):	
1. _____	_____
2. _____	_____
Date: ____/____/____	
Student's signature _____	

For Office Use Only

Equivalent course at John Jay

1. _____
2. _____
3. _____

Evaluated by:

- _____
- _____
- _____

Approved by: _____
(Initial & Date)

Denied by: _____
(Initial & Date)