Permit Application

FOR STUDENTS PLANNING ON TAKING COURSES AT OTHER INSTITUTIONS

Graduate ☐ Undergraduate ☐

Please Read Carefully! Print all items. Please have the department approver submit this request to the ePermit inbox, epermit@brooklyn.cuny.edu using their assigned BC email. ***This form will not be accepted from students.** If you are attending a non-CUNY college, then you must have an official transcript forwarded to ePermit, Office of the Registrar, Rm 306 West Quad Center, 2900 Bedford Ave. Brooklyn, NY 11210

Last Name First Middle EMPLID#

Host College Start & End Date of Semester # of Credits

TO BE COMPLETED BY STUDENT			FOR ACADEMIC DEPARTMENT USE ONLY	
1	Dept./Course #	# of Credits	BC Equivalent	# of Credits
	Course Title		Approved By	
2	Dept./Course #	# of Credits	BC Equivalent	# of Credits
	Course Title		Approved By	
3	Dept./Course #	# of Credits	BC Equivalent	# of Credits
	Course Title		Approved By	
4	Dept./Course #	# of Credits	BC Equivalent	# of Credits
	Course Title		Approved By	
5	Dept./Course #	# of Credits	BC Equivalent	# of Credits
	Course Title		Approved By	
Comments				