

QUEENS COLLEGE OF THE CITY UNIVERSITY OF NEW YORK
DEPARTMENT OF ACCOUNTING AND INFORMATION SYSTEMS

APPLICATION FOR GRADUATE REGISTRATION

DATE: _____

NAME: _____
LAST FIRST

CUNY FIRST ID #

DAYTIME TELEPHONE #

E-MAIL ADDRESS

EVENING TELEPHONE #

SEMESTER: _____

PROJECTED
GRADUATION DATE _____

HAVE YOU COMPLETED ALL UNDERGRADUATE CONDITIONAL COURSES?

YES

NO

ARE YOU MATRICULATED?

YES

NO

CROSS OUT COURSES FROM WHICH YOU ARE EXEMP
CIRCLE COURSES ALREADY COMPLETED (INCLUDING THIS SEMESTER).

ACCT.	712	723	747	748	752	757	773
ECO.	703	715	721				
RISK MANG.	706						
ACCT.	707	758	759				

OTHER ELECTIVES _____

(LIST) _____

COURSES REQUESTED

DEPARTMENT

COURSE #

CLASS #

APPROVED? YES () NO ()

GRADUATE ADVISOR