



Borough of Manhattan Community College  
 The City University of New York  
 www.bmcc.cuny.edu

199 Chambers Street  
 New York, NY 10007-1097  
 tel. 212-220-8152  
 fax 212-220-1298

**PART TIME (P/T) AUTHORIZATION REQUEST**

NAME: \_\_\_\_\_  
 First Last Semester / Year

EMP#: \_\_\_\_\_

Initial P/T enrollment with CD Status  
 Initial P/T enrollment without CD Status

Number of prior initial P/T semester(s) \_\_\_\_\_  
 Number of prior initial P/T semester(s) \_\_\_\_\_

DEPT	COURSE #	SECTION #	CREDITS	HOURS	DROP/WTHDRAWAL DATE

Withdrawal to P/T status  
 Initial enrollment: \_\_\_\_\_ Credits / CR. – HRS

Number of prior part time semesters \_\_\_\_\_  
 Total CR/HRS after withdrawals(s) \_\_\_\_\_

**Reason for Part-Time Status**

Check all that apply:

- \_\_\_\_\_ Probation/Special Probation
- \_\_\_\_\_ Completing Basic Skills
- \_\_\_\_\_ Registered with Accessibility
- \_\_\_\_\_ Health Major (RTT, HIT, NUR)
- \_\_\_\_\_ Graduating
- \_\_\_\_\_ Others

REMARKS/RECOMMENDATION (include total number # of semesters exhausted to date):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 COUNSELOR'S SIGNATURE DATE

**DIRECTOR'S ACTION**

APPROVED: \_\_\_\_\_  
 DENIED: \_\_\_\_\_

\_\_\_\_\_  
 DIRECTOR'S SIGNATURE DATE