BROOKLYN COLLEGE

DEPARTMENT OF CHEMISTRY

GENERAL OVERTALLY REQUEST FORM

Today's Date:_____ Semester Overtally Needed:_____

Name: _____Day or Evening class:_____

CUNYFIRST EMPLID #_____

Telephone Number:_____

Email:_____

What Grade level are you:_____Freshman (0-28 credits) Sophomore (29-60 crs)

Junior (61-95 crs) Senior (95+ crs)

Other (2nd Degree, Non-Degree, Transfer student)

Course Number requested_____(Ex: Chem 1100, Chem 2100)

Section Preference: (in preferred order, if you have no preference, leave blank)

	Section Number	Registration Code
1st Choice	_____	_____
2nd Choice	_____	_____
3rd Choice	_____	_____

Have you taken this course before?_____

If you are currently registered in another section of the course, list it here:

Section:_____ Code:_____

Reasons you need to take this course_____