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)

<table>
<thead>
<tr>
<th>Section Number</th>
<th>Registration Code</th>
</tr>
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<tbody>
<tr>
<td>1st Choice</td>
<td></td>
</tr>
<tr>
<td>2nd Choice</td>
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</tr>
<tr>
<td>3rd Choice</td>
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</tbody>
</table>

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 __________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________