



The City University of New York
Jamaica, New York 11451
The Percy E. Sutton SEEK Program

STUDENT NAME

EMPLD ID

PERMISSION FOR PART-TIME ATTENDANCE

I, _____ understand that SEEK is a full time day program
STUDENT NAME

I am requesting special permission to attend class(es) on a part-time basis for the _____ Semester.

Please indicate fully the reason(s) for your request (be specific):

STUDENT SIGNATURE

DATE

PLEASE DO NOT WRITE BELOW THIS LINE

Counselor Name: _____

Counselor's Comments:

Counselor's Signature _____

Date _____

Approve

Declined

Sameea Belle
SEEK Program Director
White SEEK Office

Yellow Student