

The City University of New York Click or tap here to enter text.

Jamaica, New York 11451  **Student name**

**The Percy E. Sutton SEEK Program**

Click or tap here to enter text.

**Empld ID**

**PERMISSION TO ATTEND EVENING AND/OR WEEKEND CLASSES**

I, Click or tap here to enter text. understand that SEEK is a full-time day program.

 **Student name**

I am requesting special permission to attend class(es) on the following basis:

[ ] Evening [ ] Weekend for the Click or tap here to enter text. Semester.

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

Click or tap here to enter text. Click or tap here to enter text.

**Student signature date**

**please do not write below this line**

**Counselor Name**: Click or tap here to enter text.

**Counselor’s Comments:**

**Counselor’s Signature**: Click or tap here to enter text. **Date**: Click or tap here to enter text.

Approved [ ]  Declined [ ]

Click or tap here to enter text.

**Hopeton Allen**

**SEEK Program Director**