

**NEW YORK UNIVERSITY—COLUMBIA UNIVERSITY  
New York Consortium for European Studies**

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Student's Local Address \_\_\_\_\_

Student's Home University \_\_\_\_\_ Student's ID Number \_\_\_\_\_

Host University \_\_\_\_\_ Department \_\_\_\_\_

Course Number \_\_\_\_\_ Section \_\_\_\_\_ Credits \_\_\_\_\_

Full Course Title \_\_\_\_\_

Semester (Fall, Spring, Summer) \_\_\_\_\_ Year \_\_\_\_\_ Meeting Times (Day, Hour) \_\_\_\_\_

Name of Course Instructor \_\_\_\_\_

**In requesting permission to take this course, I am aware that I must complete work missed due to calendar difference between the two universities.**

\_\_\_\_\_  
Student Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Approval Signature of Program Director, Home University \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Approval Signature of Program Director, Host University \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Approval Signature of Course Instructor \_\_\_\_\_ Date \_\_\_\_\_

**GRADE IN COURSE:** \_\_\_\_\_  
\_\_\_\_\_  
**Signature of Instructor** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Program Director** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Host University**

**NYU STUDENTS:** Please enroll in a Consortium "dummy" course, GSAS-GA 2000 and a 1-credit Independent Study course, EURO-GA 3900.

**NOTE:** It is the student's responsibility to keep the form after obtaining the required signatures at the beginning of the semester. At the end of the semester, the student must give the form to the course instructor, who enters the grade, signs the form and submits it to the host program director for counter-signature. The host school program director then returns it to the home school program administration for processing.

**Program Directors:**

**Columbia University**

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**NYU**

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