



## OFFICE OF THE REGISTRAR

## Registration Form

Registration for Term:  Fall 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_ YU ID # \_\_\_\_\_  
STARTS WITH # 800 OR 999

Legal Name \_\_\_\_\_  
FIRST MIDDLE LAST

Phone \_\_\_\_\_ Email \_\_\_\_\_

School attending: (check all that apply)

Undergraduate:  IBC  JSS  MYP  SBMP  KATZ  SCW  SSSB  YC

Graduate:  AGS  BRG  CSL  FGS  KATZ  RIETS  SCW  SSSB  WSSW

Major/Program \_\_\_\_\_ Minor \_\_\_\_\_

### REGISTER/ADD

School	CRN	Subject	Course #	Section	Credits	Special Notes

### DROP

School	CRN	Subject	Course #	Section	Credits	Special Notes

Dean/Advisor/Program Director Signature \_\_\_\_\_ Date \_\_\_\_\_

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

OFFICE OF THE REGISTRAR Registered by \_\_\_\_\_ Date \_\_\_\_\_

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**Wilf Campus:** 500 West 185 Street, Room 114, New York, NY 10033 | P: 212.960.5274 | F: 212.960.0004 | E: wilfregistrar@yu.edu