

## **Auditing a Class**

Audits are permitted only after registration has been completed and only if there is space available in the course. An audited course is not considered part of your workload. The regulations regarding auditing courses are on the WSSW Request to Audit a Course form (see Appendix E). Please read the regulations carefully, complete the form including the instructor's signature, and return the form to the Registrar's Office with payment of \$50.



# Yeshiva University

OFFICE OF THE REGISTRAR • BEREN & WILF CAMPUS  
**WURZWEILER SCHOOL OF SOCIAL WORK**

Beren: 215 Lexington Avenue, 6<sup>th</sup> Floor New York, New York 10016 Phone 212 340 7777 Fax 212 340 7837 E-mail [berenregistrar@yu.edu](mailto:berenregistrar@yu.edu)  
Wilf: 500 West 185<sup>th</sup> Street, Rm 114 New York, New York 10033 Phone 212 960 5274 Fax 212 960 0004 E-mail [wilfregistrar@yu.edu](mailto:wilfregistrar@yu.edu)

## REQUEST TO AUDIT A COURSE

1. Auditing is limited based on available space.
2. A student must have a minimum GPA of 3.0.
3. The instructor must approve the request before it is submitted to the registrar.
4. The student must attend the course regularly and must complete such work and take such examinations as determined by the instructor.
5. A grade L (= listener) will be listed on the student's permanent record if the student attends regularly and meets the other conditions set by the instructor. If the student does not attend or meet the requirements, the grade will be W (=withdrew without penalty).
6. An audited course does not count in the student's work load.
7. No credit is given for an audited course, and it fulfills no requirements or prerequisites.
8. An audited course cannot be taken for credit at a later date.
9. There is a \$50 registration fee for students.

I request to audit:  Fall  Spring  Summer 20\_\_\_\_\_

CRN	Dept.	Course #	Section	Title	Instructor
Name:	_____			YUID#:	_____
	Last	First	Middle	Starts With # 8 or 9	

Mailing Address: \_\_\_\_\_  
(Dorm Room)

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

Class (Choose)  1<sup>st</sup> year  2<sup>nd</sup> year \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval by instructor:  Approved  Rejected Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Comments by Registrar:  Average OK  Course Open Signature \_\_\_\_\_

Remarks \_\_\_\_\_ Date \_\_\_\_\_

Action by Dean:  Approved  Rejected Signature \_\_\_\_\_

Remarks \_\_\_\_\_ Date \_\_\_\_\_

Office of Student Finance: Payment received

Amount Paid \$ \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Audit Request Processed by: Signature \_\_\_\_\_ Date \_\_\_\_\_