



Yeshiva University

OFFICE OF THE REGISTRAR • BEREN & WILF CAMPUS

Beren: 215 Lexington Avenue, 6th Floor | New York, New York 10016 | Phone 212 340 7777 | Fax 212 340 7837 | E-mail berenregistrar@yu.edu
 Wilf: 500 West 185th Street, Rm 114 | New York, New York 10033 | Phone 212 960 5274 | Fax 212 960 0004 | E-mail wilfregistrar@yu.edu

Request To Take Graduate Course for Undergraduate Credit

- Seniors, with a GPA of 3.0, who are not in any BA/MA program may be permitted to take a limited number of graduate courses at Azrieli, Ferkauf, Katz, Revel, Physics Graduate Program, Sy Syms or Wurzweiler for undergraduate credit. For courses at Azrieli or Revel a GPA of 3.2 in Jewish Studies is required.
- The permission of the head of the undergraduate department is required if the student requests that the course meet a major requirement.
- The undergraduate is expected to meet the standards and requirements of the graduate school and will be graded by its marking system.
- Students should attach a copy of their transcript to this form and submit both to an Academic Adviser.

Name: _____ YU ID #: _____
 Mailing Address: _____
 (If Dormitory, Building & Room) _____
 Phone: _____
 Email: _____ Major: _____

I have taken ___ graduate course(s) at Azrieli Ferkauf Katz Physics Revel Sy Syms Wurzweiler
 I request to take the course(s) below at Azrieli Ferkauf Katz Physics Revel Sy Syms Wurzweiler during
 the Fall 20__ Spring 20__ Summer 20__ Semester

FOR STUDENT USE:						FOR ACADEMIC ADVISER:			
GRADUATE SCHOOL COURSE INFORMATION						Indicate the specific requirement the course will fulfill, if any:			
Include the specific requirement you would like each course to fulfill if any:						fulfill, if any:			
CRN	Dept.	Course #	Title	Cr.	Specific Req.	Course #	Specific Req.	Signature	

Signature of Student: _____ Date : _____

INCOMPLETE FORMS WILL NOT BE PROCESSED

FOR OFFICE USE ONLY

Action by Undergraduate Dean/Adviser	Comments: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature _____ Date _____
Action by Graduate Dean or Director	Comments: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature _____ Date _____
Action by Registrar	Comments: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature _____ Date _____