



# Yeshiva University

## OFFICE OF THE REGISTRAR • BEREN & WILF CAMPUS

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
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

### 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, Cardozo, 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 Cardozo Ferkauf Katz Physics Revel Sy Syms Wurzweiler

I request to take the course(s) below at Azrieli Cardozo 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:			
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

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