



Yeshiva University

OFFICE OF THE REGISTRAR • BEREN & WILF CAMPUS

Beren: 215 Lexington Avenue, 6th Floor | New York, New York 10016 | Phone 646 592 4180 | Fax 212 340 7837 | E-mail berenregistrar@yu.edu
 Wilf: 500 West 185th Street, Rm 114 | New York, New York 10033 | Phone 646 592 6270 | Fax 212 960 0004 | E-mail wilfregistrar@yu.edu

Request To Take Graduate Course for Undergraduate Credit

1. Seniors, with a GPA of 3.0 and Juniors with special permission, 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, Stern, Sy Syms or Wurzweiler for undergraduate credit. For courses at Azrieli or Revel a GPA of 3.2 in Jewish Studies is required.
2. The permission of the head of the undergraduate department is required if the student requests that the course meet a major requirement.
3. The undergraduate is expected to meet the standards and requirements of the graduate school and will be graded by its marking system.
4. 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 ☐Stern ☐Sy Syms ☐Wurzweiler
 I request to take the course(s) below at ☐Azrieli ☐Cardozo ☐Ferkauf ☐Katz ☐Physics ☐Revel ☐Stern ☐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:						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

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