JAY AND JEANIE SCHOTTENSTEIN HONORS PROGRAM
REQUEST FOR PERMISSION TO TAKE AN HONORS COURSE

This form must be signed by both the instructor AND the Director of the Honors Program before you will be admitted into the course. If you cannot get in touch with the instructor, email the Honors Program at yehonors@yu.edu or visit Furst 024. If you have not been officially admitted to the Honors Program, permission to enroll in an Honors course is contingent on the availability of space as well as the instructor’s permission. Please note that most Honors electives are limited to enrollments of 12 or fewer.

I. TO BE FILLED OUT BY THE STUDENT

Legal Name ______________________ ______________________ ____________________________ YU ID ________________

Last Name ______________________ First Name ______________________ Middle Name ______________________

Email Address: ______________________

School Attending: ☐ SSSB ☐ YC

Current Class: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

Semester: ☐ Fall ☐ Spring ☐ Summer 20____

Major(s) ____________________________________ Minor(s) ______________________

Please include the information of the desired Honors course below:

<table>
<thead>
<tr>
<th>School</th>
<th>CRN</th>
<th>Subject</th>
<th>Course #</th>
<th>Section</th>
<th>Credits</th>
<th>Special Notes</th>
</tr>
</thead>
</table>

Prerequisites and other relevant courses previously taken:

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

Other relevant factors, including experience (research, job, etc.):

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

Student Signature: ______________________ Date: ________________

Student submits form to the instructor for approval.

II. TO BE FILLED OUT BY THE INSTRUCTOR

To the instructor: ☐ Approval ☐ Rejection

Comments:

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

Instructor’s Name (please print): ______________________ Instructor’s Signature: ______________________

Instructor returns form to student to submit to the Honors Program Director/ Assistant Director for approval.

III. TO BE FILLED OUT BY THE HONORS PROGRAM

Signature of Honors Program Director/Assistant Director: ______________________

Honors Program Director/ Assistant Director returns form to student to submit to the Office of the Registrar.

IV. OFFICE OF THE REGISTRAR

Processed by: ______________________ Date: ________________