Yeshiva University

OFFICE OF THE REGISTRAR • WILF CAMPUS

500 West 185th Street, Room 114 | New York, New York 10033 | Phone 212 960 5274 | Fax 212 960 0004 | E-mail wilfregistrar@yu.edu

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 ychonors@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 FIRST MIDDLE STARTS WITH # 800 or 999

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:

School	CRN	Subject	Course #	Section	Credits	Special Notes

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: _____