



Yeshiva University

OFFICE OF THE REGISTRAR • BEREN & WILF CAMPUS

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

REQUEST TO AUDIT A COURSE

1. A student may audit no more than one course a semester.
2. Only lecture type, open courses may be audited.
3. A student must have a minimum GPA of 3.0.
4. The instructor must approve the request **before** it is submitted to the registrar.
5. The student must attend the course regularly and must complete such work and take such examinations as determined by the instructor.
6. A grade L (= listener) will be listed on the student's permanent record if the student attends regularly and meets the other conditions set by the instructor. If the student does not attend or meet the requirements, the grade will be W (= withdrew without penalty).
7. An audited course does not count in the student's work load.
8. No credit is given for an audited course, and it fulfills no requirements or prerequisites.
9. An audited course cannot be taken for credit at a later date.
10. There is no registration charge or tuition fee for full-time students. Part-time students will be charged tuition equal to that of a one credit course.

I request to audit: Fall Spring Summer 20__

CRN	Dept.	Course #	Section	Title	YU ID #:	Instructor
Name:						
	Last	First	Middle			Starts With # 8 or 9

Mailing Address: _____
(Dorm Room)

Phone: _____ Email: _____

Class (Choose) Fr So Jr Sr Major: _____

Student's Signature: _____ Date: _____

Approval by instructor: Approved Rejected Signature: _____ Date: _____

FOR OFFICE USE ONLY

Comments by Registrar: Average OK Course Open Signature _____ Date _____
Remarks _____

Action by Dean: Approved Rejected Signature _____ Date _____
Remarks _____

Office of Student Finance: Payment received (required only for part-time students)
Amount Paid \$ _____ Signature _____ Date _____

Audit Request Processed by: Signature _____ Date _____