Yeshiva University

UNDERGRADUATE SCHOOLS

OFFICE OF THE REGISTRAR

Request To Take Graduate Course for Undergraduate Credit

This form allows students who wish to take a limited number of graduate courses for undergraduate credit to do so in the following schools: Azrieli, Cardozo, Ferkauf, Katz, Revel, Stern, Sy Syms, Wurzweiler. Students who wish to be dually enrolled, must apply to one of YU's Pathways programs. (Pathways students are not required to fill out this form.) It is the student's responsibility to collect signatures before the form is returned to the Office of the Registrar.

Students must meet the following criteria:

Seniors: Must have a 3.0 GPA. (Azrieli and Revel: Must have a 3.2 GPA in Jewish Studies)

Juniors: Azrieli, Cardozo, Ferkauf, Katz, Stern, Sy Syms, Wurzweiler: special permission must be granted by both UG Dean/Adviser and GR Dean/Program Director. (Revel: Must have an overall GPA of 3.4 to be eligible)

Students should attach a copy of their transcript to this form and submit both to an Academic Adviser.

Please note that as an undergraduate registering for a graduate course: you are expected to follow the graduate course's academic calendar start and end dates and deadlines; must meet the standards and requirements of the graduate school (including credits allowable for undergraduates); Will be graded by the graduate school grade rules.

Name_____ _____ _____ YU ID # _____
LAST FIRST MIDDLE STARTS WITH # 800 OR 999

Phone _____ Email:_____ Major:_____

I have taken __ graduate course(s) at ☐Azrieli ☐Cardozo ☐Ferkauf ☐Katz ☐Revel ☐Stern ☐Sy Syms ☐Wurzweiler

I request to take the course(s) below at ☐Azrieli ☐Cardozo ☐Ferkauf ☐Katz ☐Revel ☐Stern ☐Sy Syms ☐Wurzweiler

during the ☐ Fall 20___ ☐ Spring 20___ ☐ Summer 20___ Semester

FOR STUDENT USE:						**FOR ACADEMIC ADVISER:**		
GRADUATE SCHOOL COURSE INFORMATION *Include the specific requirement you would like each course to fulfill if any:*						*Indicate the specific requirement the course will fulfill, if any:* *In order for this course to count as a Major requirement, the permission of the undergraduate department head must be given.*		
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

Action by Undergraduate Dean/Adviser **Comments:**_____

☐ **Approved** ☐ **Denied** **Signature**_____ **Date**_____

Action by Graduate Dean or Program Director **Comments:**_____

☐ **Approved** ☐ **Denied** **Signature**_____ **Date**_____

Action by Registrar **Comments:**_____

☐ **Approved** ☐ **Denied** **Signature**_____ **Date**_____

Beren Campus: 215 Lexington Avenue, 6th Floor, New York, NY 10016 | P: 646.592.4185 | F: 212.340.7837 | E: berenregistrar@yu.edu
Wilf Campus: 500 West 185 Street, Room 114, New York, NY 10033 | P: 212.960.5274 | F: 212.960.0004 | E: wilfregistrar@yu.edu

Updated 5/25/2022