



# Yeshiva University

## OFFICE OF THE REGISTRAR • BEREN & WILF CAMPUS

Beren: 215 Lexington Avenue, 6<sup>th</sup> Floor | New York, New York 10016 | Phone 212 340 7777 | Fax 212 340 7837 | E-mail [berenregistrar@yu.edu](mailto:berenregistrar@yu.edu)  
 Wilf: 500 West 185<sup>th</sup> Street, Rm 114 | New York, New York 10033 | Phone 212 960 5274 | Fax 212 960 0004 | E-mail [wilfregistrar@yu.edu](mailto:wilfregistrar@yu.edu)

### Registration Form

Legal Name \_\_\_\_\_  Fall  Spring  Summer 20\_\_\_\_ YU ID \_\_\_\_\_  
Last First Middle Starts With # 800 or 999

Current Mailing Address _____			
Number & Street or Dorm Building & Room number	City	State	Zip
Phone Number _____	Email Address _____		

School attending: Undergraduate:  IBC  JSS  MYP  SBMP  SCW  SSB  YC  
 Graduate:  AGS  BRG  FG  RIETS  SCW  SSB  WSSW  
 Major \_\_\_\_\_ Minor \_\_\_\_\_ Current Class  FR  SO  JR  SR

Line #	CRN	Dept.	Course #	Section	Credits	Special notes
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

To make corrections, please cross out the entire line and rewrite. X out unused lines.

\_\_\_\_\_  
 Dean/Advisor's Signature Date      Total Credits Approved

Jewish Studies

Line #	CRN	Dept.	Course #	Section	Credits	Special notes
J1						
J2						
J3						
J4						
J5						
J6						

\_\_\_\_\_  
 Dean/Advisor's Signature Date

\_\_\_\_\_  
 Student's Signature Date

Stern Students: Circle # of credits to be counted for BA/BS. Core Credits must equal at least 8.  
 3      4      5      6

Office of the Registrar: Registered by: \_\_\_\_\_ Date: \_\_\_\_\_