



Yeshiva University

OFFICE OF THE REGISTRAR • BEREN & WILF CAMPUS

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Joint Undergraduate/ Azrieli BA-MS Program Course Approval Request

Name: _____ YU ID #: _____

Mailing Address: _____
(If Dormitory, Building & Room)

Phone: _____

Email: _____

Current Class: JR SR Major: _____

I have been admitted to the Undergraduate-Azrieli Joint Program and request permission to take

One Two of the following courses for a total of ____ credits during the

Fall 20____ Spring 20____ Summer 20____ Semester

To date I have already taken ____ credits at Azrieli (A maximum of 12 credits may be taken as part of the BA/MA program)

FOR STUDENT USE: GRADUATE SCHOOL COURSE INFORMATION						FOR ACADEMIC ADVISOR:		
<i>Include the specific requirement you would like each course to fulfill if any:</i>						<i>Indicate the specific requirement the course will fulfill, if any:</i>		
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 Dean/Advisor	Comments: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature _____ Date _____
Action by Graduate Dean	Comments: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature _____ Date _____
Action by Registrar	Comments: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature _____ Date _____