



OFFICE OF THE REGISTRAR • BEREN & WILF CAMPUS

Beren:	215 Lexington Avenue, 6 th Floor	New York, New York 10016	Phone 212 340 7777	Fax 212 340 7837	E-mail berenregistrar@yu.edu
Wilf:	500 West 185 th Street, Rm 114	New York, New York 10033	Phone 212 960 5274	Fax 212 960 0004	E-mail wilfregistrar@yu.edu

Request To Take Graduate Course for Undergraduate Credit

1. Seniors, with a GPA of 3.0, who are not in any BA/MA program may be permitted to take a limited number of graduate courses at Azrieli, Cardozo, Ferkauf, Katz, Revel, Physics Graduate Program, Sy Syms or Wurzweiler for undergraduate credit. For courses at Azrieli or Revel a GPA of 3.2 in Jewish Studies is required.
2. The permission of the head of the undergraduate department is required if the student requests that the course meet a major requirement.
3. The undergraduate is expected to meet the standards and requirements of the graduate school and will be graded by its marking system.
4. Students should attach a copy of their transcript to this form and submit both to an Academic Adviser.

Name: _____ YU ID #: _____

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

Phone: _____

Email: _____ Major: _____

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

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

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

FOR STUDENT USE:						FOR ACADEMIC ADVISER:		
GRADUATE SCHOOL COURSE INFORMATION						Indicate the specific requirement the course will fulfill, if any:		
Include the specific requirement you would like each course to fulfill if any:								
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 Director	Comments: _____
☐ Approved ☐ Denied	Signature _____ Date _____
Action by Registrar	Comments: _____
☐ Approved ☐ Denied	Signature _____ Date _____