



# 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
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

### 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 \_\_\_\_\_