

**REQUEST TO ELECT A GRADUATE OR PROFESSIONAL SCHOOL COURSE**

**Yale University**  
**Faculty of Arts and Sciences**  
**Office of the Registrar**  
**246 Church Street, Third Floor**  
**Phone: (203) 432-2331**

This form is used to request enrollment in either graduate or professional school courses. Note that it is not possible to elect enrollment in either graduate or professional school courses that are multi-titled with undergraduate courses (e.g. CPSC 467/567) unless you have been admitted to the program for the simultaneous award of the bachelor's and master's degrees. Except for students enrolled in the simultaneous degree program, all such courses must appear on the Yale College transcript with the undergraduate course number only.

Regulations governing enrollment in graduate and professional school courses are published in *Yale College Programs of Study*. Please read these regulations carefully, and note especially that the deadlines of Yale College, including those regarding late work and work incomplete at the end of the term, apply to Yale College students enrolled in graduate and professional school courses.

PLEASE PRINT OR TYPE:

Student's Name: \_\_\_\_\_ College: \_\_\_\_\_ Class: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Major(s): \_\_\_\_\_

[ ] Check here if you have already been admitted to the program for the simultaneous award of the bachelor's and master's degree.

Course subject and number: \_\_\_\_\_ School: \_\_\_\_\_

Course title: \_\_\_\_\_

Instructor's name: \_\_\_\_\_

**NOTE: IN ORDER TO RECEIVE COURSE CREDIT, YOU MUST PROVIDE A SUMMARY OF THE GRADED WORK FOR THE COURSE (I.E. WRITTEN PAPERS, EXAMS, ETC.) AND ATTACH A COPY OF THE COURSE SYLLABUS. NOT ALL COURSES ARE WORTH A FULL CREDIT.**

Course Requirements (attach syllabus): \_\_\_\_\_  
\_\_\_\_\_

Meeting day(s) and times (such as M 2:30-4:20): \_\_\_\_\_

Dates of first and last class meetings: \_\_\_\_\_

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FORMS MISSING SIGNATURES WILL BE RETURNED.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of DGS or  
Professional School Registrar: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE SUBMIT THIS FORM TO YOUR RESIDENTIAL COLLEGE DEAN'S OFFICE

|                                                  |
|--------------------------------------------------|
| For internal use                                 |
| # of credits: _____ Notes: _____                 |
| Date: _____ Signature of Deputy Registrar: _____ |