

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*, pages 74-75. 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: _____ |