



# REGISTRATION FORM

Fall     Spring     Summer 200\_\_\_\_\_

Legal Name \_\_\_\_\_ I.D. No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*(Last, First, Middle)*

**Current Mailing Address** \_\_\_\_\_  
*Number & Street or Dorm Building and Room number*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip*

\_\_\_\_\_ *Phone Number* \_\_\_\_\_ *Email*

Yeshiva College     Sy Syms School of Business     Stern College for Women

Major \_\_\_\_\_ Minor \_\_\_\_\_ Class \_\_\_\_\_

Line #	Code	Dept	Course #	Section	Credits	Special Notes
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

To make corrections, please cross out the entire line and rewrite. X out unused lines.

Dean/Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Total Credits Approved**

Mazer Yeshiva Program (MYP)     Stern Core

J1						
J2						
J3						
J4						
J5						
J6						

Dean/Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

*Stern Students: Circle # of credits to be counted for BA/BS. Core credits must equal at least 8.*  
3    4    5    6

Register by: \_\_\_\_\_  
Date: \_\_\_\_\_

YC SSSB SCW / JS

**Total Credits Registered**

OSF Validation

Jewish Studies