



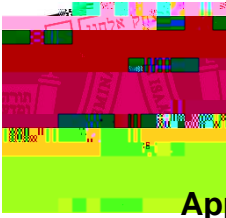
500 West 185 Street, Glueck Suite
(646) 592-4455 Fax: (646) 592-4060

www.riets.edu

1. Students apply to the MHL Program and/or the Ludwig Jesselson Kollel Chaverim (Chaver) Program.

2. Applicants are evaluated on an individual basis. They require:
 - i. A Bachelor's degree from an accredited college or university.
 - ii. An entrance examination (bechina).
 - iii. A personal interview.

3. Please submit the following items to the RIETS Office:
 - a. A completed application form.
 - b. A \$50 non-refundable application fee



RABBI ISAAC ELCHANAN THEOLOGICAL SEMINARY

an affiliate of Yeshiva University

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Application for Admission to the Rabbi Isaac Elchanan Theological Seminary

MHL Program

Ludwig Jesselson Kollel Chaverim (Chaver Program)

Beginning Term: Fall 20__ Spring 20__

1. Name: Mr. _____
Last First Middle

1a. YU ID (if available): _____

2. Full Hebrew Name (in Hebrew): _____

3a. Current Mailing Address: _____
Number and Street, City State Zip Code

3b. Permanent Address: _____
Number and Street, City State Zip Code

4a. Cell Phone: _____ 4b. Home Phone: _____ 4c. Email: _____

5. Date of Birth (mm/dd/yyyy): ____/____/____ 6. Country of Citizenship: U.S.____ Other: _____

7a. Shul at Home: _____ 7b. Rabbi: _____

8a. Occupation: Student/Other _____ 8b. Employer: _____

9. Father's Name: _____ Mother's Name: _____

10 Career Aspirations: _____

11. Next Steps after Chaver/MHL Program: _____

14. Colleges or Universities (list all undergraduate and graduate schools):

Name of School	Location (City and State or Country)	Dates of Attendance	Year of Graduation	Major	GPA
		-			
		-			
		-			

15. If you attended Yeshiva University as an undergraduate, please provide the following information:

Attended JSS and/or Mechinah Program from _____ to _____

Attended IBC from _____ to _____

Attended SBMP from _____ to _____

Attended MYP from _____ to _____

Signature: _____

Date: _____

Check all that apply:

Rabbi Isaac Elchanan Theological Seminary
Wurzweiler School of Social Work

Azrieli Graduate School
Ferkau Graduate School of Psychology

Bernard Revel Graduate School
Cardozo School of Law

Program (Major): _____

Degree sought: _____

Program Began: _____

Expected Date of Graduation: _____

Name: Mr. _____
Last First Middle

Social Security Number: ____ - ____ - ____

Current Mailing Address:

Number and Street, City State Zip Code

Permanent (Home) Address:

Number and Street, City State Zip Code

Cell Phone: _____ Home Phone: _____ Email: _____

Date of Birth (mm/dd/yyyy): ____/____/____

Place of Birth: _____

Person to contact locally in case of emergency: _____

Name

Phone

Number and Street,

City

State

Zip Code

Email

Country of Citizenship: _____ Passport #: _____ expires: _____

In the United States now. Which visa do you hold? _____

Planning to come to United States under category other than student.
Which visa will you hold? _____

English is my native language.

English is not my native language. Date of Test of English as a Foreign Language (TOEFL): _____

I have arranged for my TOEFL scores to be sent to Yeshiva University

If enrolled in a full-time course of English language study: Where? _____ Date of completion: _____

If you have previously attended any American schools, please complete the following:
