

**RABBI ISAAC ELCHANAN THEOLOGICAL SEMINARY**  
an affiliate of Yeshiva University

**Application for the *Kupietzky Kodshim Kollel***

YU ID (if available): \_\_\_\_\_

For the Academic Year 20\_\_\_\_ - 20\_\_\_\_\_

1. Name: \_\_\_\_\_  
Last LEGAL First Middle

2. Current Mailing Address: \_\_\_\_\_  
Number and Street Apt.# City State Zip Code

3. *Semikha* received \_\_\_\_\_ *Semikha* expected \_\_\_\_\_  
Month / Year Month / Year

Are you planning to continue your studies in RIETS until you complete *Semikha* (Please circle): Yes No

If no, please explain: \_\_\_\_\_

If your *Semikha* is not from RIETS, please indicate from where/whom it was received: \_\_\_\_\_

4. A. EducatioETS8 Are you currentl rolled in r ae you ttendd rdute hl

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