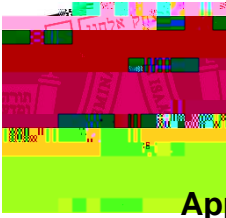




500 West 185 Street, Glueck Suite  
(646) 592-4455 Fax: (646) 592-4060

[www.riets.edu](http://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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(646) 592-4455 Fax: (646) 592-4060

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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

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 \_\_\_\_\_

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): \_\_\_\_\_

Program Began: \_\_\_\_\_

Degree sought: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

Name: Mr. \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Current Mailing Address: \_\_\_\_\_  
Number and Street, City State