

OFFICE OF THE REGISTRAR

Request for Change of Torah Studies Program

I. To be filled out by the student							
Name:			FIRST		MIDDLE		_ YU ID #:
Phone:YU Email:							
I am currently enrolled in:	□ IBC	□ JSS	□ МҮР	□SBMP			
I would like to switch into:	□ IBC	□ JSS	□ МҮР	□ SBMP as of	□ Fall	☐ Spring	☐ Summer 20
I understand that the Jewish	n Studies requ	uirements of	f Yeshiva Colleg	ge or Sy Syms Scho	ool of Busine	ss must be me	et to the satisfaction of that school.
School attending:	□ SSSB	□ YC	□ KATZ				
Current Class:	□ Freshm	ıan 🗆	Sophomore	☐ Junior	☐ Senior		
Student's signature						Date _	
Student submits form to the L	Dean/Administ	rator of ente	ering Torah Stud	lies Program for app	roval.		
II. To be filled out by the D							
Comments:							
Dean/Administrator's signature						Date	
III. Office of the Registrar							
HES Credit: ☐ Added	☐ Dropped						
Processed by:						Date	