



Yeshiva University

OFFICE OF THE REGISTRAR • BEREN & WILF CAMPUS

Beren: | 215 Lexington Avenue, 6th Floor | New York, New York 10016 | Phone 212 340 7777 | Fax 212 340 7837 | E-mail berenregistrar@yu.edu
 Wilf: | 500 West 185th Street, Rm 114 | New York, New York 10033 | Phone 212 960 5274 | Fax 212 960 0004 | E-mail wilfregistrar@yu.edu

GRADUATE SCHOOL APPLICATION FOR GRADUATION

Please complete this Application for Graduation once you have completed all requirements towards your graduate degree. A fee of \$150 is payable by credit card (*Visa or MasterCard*), check (*to Yeshiva University*) to the Office of Student Finance (*in person or by phone – Beren: 917-326-4940; Wilf: 212-960-5399*) before submitting this form to the Office of the Registrar. The deadlines for filing for graduation are as follows: (1) for January Degree: no later than November 1st; (2) for May Degree: no later than March 1st; (3) for August/September Degree: no later than July 1st. **Degrees are conferred ONLY when the Office of the Registrar officially confirms that all requirements toward the degree which you applied for have been met and there are no outstanding financial obligations to the University. No degree will be conferred with any in-progress or incomplete courses.**

Anticipated Date of Graduation: January May August (Block Program only) September 20 _____

Legal Name _____, _____, _____ YU ID _____
LAST FIRST MIDDLE STARTS WITH # 800 or 999

I will attend commencement ceremony Attire Height: _____ Ft _____ In Weight: _____ Lb
 I will not attend commencement ceremony

School Attending:

(Check all that apply)

- Azrieli Graduate School of Jewish Education and Administration
- Bernard Revel Graduate School of Jewish Studies
- Graduate Programs in Arts and Sciences
- The Katz School
- Stern College for Women
- Sy Syms School of Business
- Wurzweiler School of Social Work

Fill in only which are applicable (*for Schools/Programs and Degrees see reverse side*):

Degree Applying: _____ Major: _____

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MUST BE FILLED OUT BY STUDENT. MAIL DIPLOMA TO:

Print your name exactly as you wish it to appear on your diploma. If the last name you enter differs from the one that currently appears on your student record, you will be required to officially change your name with the registrar.

Diploma Name _____
FIRST MIDDLE LAST

Mailing address _____
NUMBER & STREET, APT #

CITY STATE ZIP COUNTRY (International)

Daytime phone (_____) _____ Email _____

For Ed.D. and Ph.D. Candidates Only: Please provide the title of your Dissertation / Research Project:

Student Signature: _____ Date: _____

Office of Student Finance:

Fee Received: \$_____ Processed by: _____ Date: _____

Office of the Registrar:

Entered in Banner: SHADEGR SHADIPL SHACATT

Comments: _____

Processed by: _____ Date: _____

SCHOOLS/PROGRAMS & DEGREES

AZRIELI GRADUATE SCHOOL OF JEWISH EDUCATION & ADMINISTRATION

- Master of Science (MS)
- Doctor of Education (Ed.D.)
- Doctor of Philosophy (PhD)

BERNARD REVEL GRADUATE SCHOOL OF JEWISH STUDIES

- Master of Arts (MA)
- Doctor of Philosophy (PhD)

GRADUATE PROGRAMS IN ARTS & SCIENCES

- Master of Arts (MA)
- Doctor of Philosophy (PhD)

THE KATZ SCHOOL

- Master of Science (MS)

STERN COLLEGE FOR WOMEN

- Master of Arts (MA)

SY SYMS SCHOOL OF BUSINESS

- Master of Science (MS)
- Executive MBA (EMBA)

WURZWEILER SCHOOL OF SOCIAL WORK

- Master of Social Work (MSW)
- Doctor of Philosophy (PhD)
- Advanced Certificate in Jewish Philanthropy (ACJPHL)