Instructions for Completing the Application for Admission to the Doctoral Program

1. The admission application must be filled out carefully. Applications improperly or incompletely filled out will be returned. Be sure to indicate the year for which you wish to be admitted.

2. An application is not considered complete until all required documents have been received by Azrieli Graduate School. A completed application consists of:
   - Application and Foreign Student Questionnaire (for students who may require temporary F-1 or J-1 visa)
   - Application Fee Form and check/money order in the amount of $50 (nonrefundable) made out to Yeshiva University
   - Personal Essay (3-5 pages, double-spaced)
   - Letters of Recommendation (2)
   - Official undergraduate and graduate transcripts (1 copy of each)
   - Recent color photograph (passport sized – 2x2)

3. A personal essay detailing your academic and professional goals, including your experience and your interest in Jewish education, and your reasons to applying to AGS is required for admission to the doctoral program. Please submit a 3 to 5-page, double-spaced, hard copy to our office as part of your application.

4. Please enter your name in the appropriate places on the recommendation form, print two copies, sign and date them, and send the copies to two university instructors under whom you have studied. If you have been employed as an administrator, teacher or informal educator, you may substitute one school or community official with whom you have worked. All letters of reference should be returned to the address listed above.

5. A Social Security Number (SSN) must appear on your application for admission. If you do not have a SSN, it will be necessary for you to secure one immediately.

6. Please provide one official copy of your transcript records from each undergraduate and graduate institution attended, excluding schools of Yeshiva University. This applies even if transfer credit for work done at such institutions is not expected or sought. If you are completing your graduate degree and expect to graduate this spring, we would appreciate some official notice to that effect. Transcripts should be sent directly from those institutions to the Azrieli Graduate School at the address above.

PLEASE NOTE: FINANCIAL DECISIONS ARE MADE ONLY AFTER ADMISSION AND ARE CONTINGENT ON THE STUDENT FILING A FAFSA.

PLEASE NOTE: YESHIVA UNIVERSITY’S ABILITY TO OFFER THIS PROGRAM TO RESIDENTS OF PARTICULAR JURISDICTIONS MAY DEPEND ON APPROVAL OF STATE AND OTHER APPLICABLE REGULATORS. PLEASE CONTACT AGS FOR FURTHER INFORMATION.

Once you have submitted your application in its entirety, we will be in touch with you to schedule an interview.

UNDER ITS ADMISSION POLICY THE UNIVERSITY ENCOURAGES APPLICATIONS FROM QUALIFIED STUDENTS REGARDLESS OF SEX, RELIGION, AGE, RACE, DISABILITY, MARITAL STATUS, COLOR, OR NATIONAL ORIGIN.
Application for Admission to the Doctoral Program

Please read the instructions on the previous page before filling out this form.

Date of Application: _________________  For Admission in Fall _________________

Have you attended or applied to Azrieli Graduate School prior to filling out this application?  ☐ Yes  ☐ No

If yes, please specify dates of application or attendance: __________________________________________

Last: ___________________________  Social Security #: ___________________________
First: ___________________________  Date of Birth: ___________________________
Middle: _________________________  Place of Birth: ___________________________
Maiden: _________________________  Citizen of: ___________________________

Mobile: ___________________________  Home: ___________________________
Email: ___________________________

HOME ADDRESS

Address: ___________________________
City: ___________________________
State: ___________________________
Zip: ___________________________
Country: ___________________________

MAILING ADDRESS

Address (if different from home address): ___________________________
City: ___________________________
State: ___________________________
Zip: ___________________________
Country: ___________________________

EMPLOYER INFORMATION

Position/Title: ___________________________
Business Name: ___________________________
Address: ___________________________
Phone: ___________________________

PROFESSIONAL REFERENCE 1

Name: ___________________________
Title: ___________________________
Business Name: ___________________________
Address: ___________________________

PROFESSIONAL REFERENCE 2

Name: ___________________________
Title: ___________________________
Business Name: ___________________________
Address: ___________________________

Yeshiva University’s ability to offer this program to residents of particular jurisdictions may depend on approval of state and other applicable regulators. Please contact AGS for further information.
List in chronological order, starting with the most recent experience, all full-time or part-time jobs you have held in the last 10 years.

**EMPLOYMENT HISTORY**

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<th>Institution Name:</th>
<th>Address:</th>
<th>Title:</th>
<th>Dates Employed:</th>
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List in chronological order all institutions of higher education you have attended.

**HIGHER EDUCATION ATTENDANCE**

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<tr>
<th>Institution Name:</th>
<th>City/State:</th>
<th>Dates Attended:</th>
<th>Major:</th>
<th>Degree Received:</th>
<th>Degree Date:</th>
<th>GPA:</th>
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List in chronological order your Jewish education beginning with high school.

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<tr>
<th>School Name:</th>
<th>Address:</th>
<th>Dates Attended:</th>
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June 2014
FOREIGN STUDENT QUESTIONNAIRE

International applicants who will require a student visa (F-1 or J-1) to study in the United States must complete this form and return it with the application for admissions.

Last: _______________________________ Social Security #: _______________________________
First: _______________________________ Date of Birth: _______________________________
Middle: _______________________________ Place of Birth: _______________________________
Maiden: _______________________________ Citizen of: _______________________________

HOME ADDRESS

Address: _______________________________ Address: _______________________________
City: _______________________________ City: _______________________________
State: _______________________________ State: _______________________________
Zip: _______________________________ Zip: _______________________________
Country: _______________________________ Country: _______________________________

MAILING ADDRESS

(IF DIFFERENT FROM HOME ADDRESS)

Address: _______________________________
City: _______________________________
State: _______________________________
Zip: _______________________________
Country: _______________________________

Person to contact locally in case of emergency:

Name: _______________________________
Address: _______________________________
Phone: _______________________________

If you are in the US now, which visa do you hold? ____________________________
If you plan to come to the US under a category other than student status, which visa will you hold? ____________________________
Passport# (if applicable): ____________________________ Expiration Date: ____________________________

Applicants whose native language is not English must arrange to take the TOEFL exam before they can be admitted to Yeshiva University.

If English is not your native language, please answer the following questions.
If English is your native language, please proceed to the next section.

Have you taken the Test of English as a Foreign Language? (TOEFL) ☐ Yes ☐ No
Have you arranged for your TOEFL scores to be sent to Yeshiva University? ☐ Yes ☐ No
Are you enrolled in a full-time course of English language study? ☐ Yes ☐ No
If yes, where? ____________________________ Date of completion: ____________________________

Do you now attend or have you ever previously attended any American schools? ☐ Yes ☐ No
If yes, please list school name, address, and dates of attendance below.

School Name: ____________________________
Address: ____________________________
Dates Attended: ____________________________

School Name: ____________________________
Address: ____________________________
Dates Attended: ____________________________

Please note: Yeshiva University will not release an I-20 form until the student has completed all financial arrangements with the Office of Student Finance.
Foreign students should direct inquiries regarding all matters other than admission to the International Student advisor,
500 W. 185th Street, New York, NY 10033-3201, (212) 960-5480, Fax (212) 960-5482.
APPLICATION FEE FORM

For admission to the Azriel Graduate School Doctoral Program

To be filled out by applicant and submitted with $50 application fee.

Last: ___________________________ Social Security #: ___________________________
First: ___________________________ Date of Birth: ___________________________
Middle: _________________________ Place of Birth: ___________________________
Maiden: _________________________ Citizen of: ___________________________

HOME ADDRESS

Address: ___________________________ Address: ___________________________
City: _____________________________ City: _____________________________
State: ____________________________ State: ____________________________
Zip: ______________________________ Zip: _____________________________
Country: __________________________ Country: __________________________

EMAIL ADDRESS

Email Address: ___________________________

Have you attended or applied to Azriel Graduate School prior to filling out this application? □ Yes □ No
If yes, please specify dates of application or attendance: ___________________________

EMPLOYER INFORMATION

Title: _____________________________
Business Name: _____________________________
Address: _____________________________
Phone: _____________________________

For Office Use Only

$50 application fee received on: _____________________________
Sent to OSF: _____________________________
By: _____________________________
REQUEST FOR LETTER OF RECOMMENDATION

To Applicant:

Below, print your name and address and give the form to the person whose recommendation you are seeking (former professor, principal, supervisor, or other individual who knows you professionally), with a stamped envelope addressed to the above.

Name: 
Address: 

Please select one of the following statements below, then print the form, include your signature and submit to the person from who you are requesting a letter of recommendation.

☐ I authorize the release of a candid evaluation to assist in the admission process and should I enroll for counseling or other educational purposes of Azrieli Graduate School (AGS) I understand that the material will be kept confidential from both me and the public, and waive any right of access that I might have by law. I further understand that AGS does not require me to execute this waiver and is willing to review my application without it.

☐ I authorize the release of a candid evaluation but choose not to waive my right to examine this form should I enroll as a student at Azrieli Graduate School.

Signature: ___________________________ Date: ________________

To Person Submitting Recommendation:

The person named above is applying for admission to the Doctoral Program at Azrieli Graduate School of Yeshiva University in pursuit of an Executive Model Ed.D in Jewish Educational Leadership and Innovation. On your company’s letterhead, please express your candid evaluation, indicating how long you have known the applicant, in what capacity, and whether or not you consider him/her capable of pursuing an advanced degree in Jewish Education. Please be as specific and frank as possible regarding the applicant’s intellectual ability, personality traits, and study habits. Please note the applicant’s response to the release authorization section above.

Name: ___________________ Title: ________________ Institution: __________________________

Signature: ___________________________ Date: ________________