



YESHIVA UNIVERSITY

AZRIELI GRADUATE SCHOOL OF JEWISH EDUCATION AND ADMINISTRATION

The Fanya Gottesfeld Heller Division of Doctoral Studies

500 W. 185th Street, Belfer Hall 311, New York, NY 10033
212.960.0186 • 212.960.0184 (fax) • azrieli@yu.edu
www.yu.edu/azrieli

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.



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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: _____

First: _____

Middle: _____

Maiden: _____

Social Security #: _____

Date of Birth: _____

Place of Birth: _____

Citizen of: _____

Mobile: _____

Email: _____

Home: _____

HOME ADDRESS

Address: _____

City: _____

State: _____

Zip: _____

Country: _____

MAILING ADDRESS

(IF DIFFERENT FROM HOME ADDRESS)

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

Institution Name: _____
Address: _____
Title: _____
Dates Employed: _____

Institution Name: _____
Address: _____
Title: _____
Dates Employed: _____

Institution Name: _____
Address: _____
Title: _____
Dates Employed: _____

List in chronological order all institutions of higher education you have attended.

HIGHER EDUCATION ATTENDANCE

Institution Name: _____ City/State: _____
Dates Attended: _____ Major: _____
Degree Received: _____ Degree Date: _____
GPA: _____

Institution Name: _____ City/State: _____
Dates Attended: _____ Major: _____
Degree Received: _____ Degree Date: _____
GPA: _____

Institution Name: _____ City/State: _____
Dates Attended: _____ Major: _____
Degree Received: _____ Degree Date: _____
GPA: _____

List in chronological order your Jewish education beginning with high school.

School Name: _____
Address: _____
Dates Attended: _____

School Name: _____
Address: _____
Dates Attended: _____

School Name: _____
Address: _____
Dates Attended: _____

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: _____
City: _____
State: _____
Zip: _____
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 Test Date: _____ 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.



Please attach a recent 2x2 color photograph here

YESHIVA UNIVERSITY
Office of Student Finance

APPLICATION FEE FORM

For admission to the Azrieli Graduate School Doctoral Program
To be filled out by applicant and submitted with \$50 application fee.

Last: _____
First: _____
Middle: _____
Maiden: _____

Social Security #: _____
Date of Birth: _____
Place of Birth: _____
Citizen of: _____

HOME ADDRESS

Address: _____
City: _____
State: _____
Zip: _____
Country: _____

MAILING ADDRESS

(IF DIFFERENT FROM HOME ADDRESS)

Address: _____
City: _____
State: _____
Zip: _____
Country: _____

Email Address: _____

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: _____

EMPLOYER INFORMATION

Title: _____
Business Name: _____
Address: _____
Phone: _____

For Office Use Only

\$50 application fee received on: _____

Sent to OSF: _____

By: _____



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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: _____