RABBI ISAAC ELCHANAN THEOLOGICAL SEMINARY
an affiliate of Yeshiva University
Application for admission to The Bella and Harry Wexner Kollel Elyon and
The Israel Henry Beren Institute for Higher Talmudic Studies
(Hamachon Ha-Gavohah Le’Talmud Al Shem Beren)
APPLICANTS MUST BE MUSMAKHIM OR RECEIVE SPECIAL PERMISSION FROM DEAN TO FINISH SEMIKHA DURING FIRST YEAR OF PROGRAM.

Type or print clearly.

For the Academic Year 20___________ - 20___________

YU ID (if available): __________________________

1. Name: ___________________________
   Last ___________________________
   LEGAL First ___________________________
   Middle ___________________________

2. Full Hebrew Name (in Hebrew): __________________________________________________________

3. Father’s English/Hebrew Name: ___________________________
   Mother's Hebrew/English and Maiden Name: ___________________________

4. Social Security Number: ________ - ________ - ________
5. Marital Status: ___________________________

6a. Date of Birth (mm/dd/yyyy): ________ / ________ / ________
6b. Country of Citizenship: ☐ U.S. ☐ Other: ___________________________

6c. How long have you been in the U.S.? ___________________________

7. Do you have a relative working at YU (Please Circle): Yes  ☐ No  ☐
   If yes, please write the name of the person and position: ___________________________

8a. Current Mailing Address: ___________________________
   Number and Street ___________________________
   Apt.# ___________________________
   City ___________________________
   State ___________________________
   Zip Code ___________________________

8b. Permanent Address: ___________________________
   Number and Street ___________________________
   Apt.# ___________________________
   City ___________________________
   State ___________________________
   Zip Code ___________________________
   (If different from above)

9a. Cell Phone: ___________________________
9b. Home Phone: ___________________________
9c. Email: ___________________________

9d. Best Means of Contact ___________________________

10. ☐ Semikhah received ___________________________
    Semikhah expected ___________________________
    Month / Year ___________________________
    Month / Year ___________________________

    If your semikhah is not from RIETS, please indicate from where/whom it was received and when: ___________________________

11. A. Education: Are you currently enrolled in or have you attended a graduate school? ___________________________

    Please specify: ___________________________
    Degree Earned: ___________________________

B. Will you register and/or participate in this or any other outside studies for the coming semester? ___________________________

    Describe in detail: ___________________________
C. Will you be employed during the coming semester? Please describe in detail:  


12. Are you planning to continue your studies in RIETS until you complete the Kollel Elyon program (Please circle):  Yes  No  
If no, please explain:  


13. A. List Rosh(ei) Yeshiva under whom you studied:  

B. Who do you consider your Rebbe?  

14. FOR MARRIED STUDENTS  
A. Wife’s Name:  ___________________________ Last  ___________________________ First  ___________________________ Middle  

B. List names and birthdates of children:  


15. Give in your own handwriting a brief statement indicating your reasons for applying to the Kollel Elyon, explaining your career interests and any other pertinent factors:  


16. Please list experiences in teaching, speaking and running programs:  


17. Please submit a typed article, written in Hebrew, that you have authored on a sugya of Halakha or Gemara (recommended length: 3-4 pages).  

I understand that any commitment to me with regard to this program on the part of RIETS is dependent upon the satisfactory completion of any academic work still in progress as well as the rigorous maintenance of academic standards applicable to students in RIETS and the Kollel.  

Signature:  ___________________________  Date:  ___________________________