

RABBI ISAAC ELCHANAN THEOLOGICAL SEMINARY

an affiliate of Yeshiva University
Application for admission to
The RIETS Israel Kollel in Jerusalem
Caroline and Joseph S. Gruss Campus

Type or print clearly except where instructed to sign.
Please answer all sections in English unless otherwise indicated.

Attach a
recent & clear
photograph
of yourself

For the Academic Year 20_____ - 20_____

YU ID (if available): _____

1. Name: _____
Last LEGAL First Middle

2. Full Hebrew Name (in Hebrew): _____ בן

3. Father's English Name: _____ Mother's English and Maiden Name: _____

Father's Hebrew Name: _____ בן Mother's Hebrew Name: _____ בת

4. Social Security Number: _____

5. Current Mailing Address: _____
(If dormitory, give name and number) Number and Street Apt.# (if any) City State Zip Code

6. Permanent Address: _____
(If different than above) Number and Street Apt.# (if any) City State Zip Code

7. Cell Phone: _____ Email: _____

Preferred Method of Communication: _____

8. Date of Birth (mm/dd/yyyy): ____/____/____ Place of Birth: _____

9. Country of Citizenship: ☐ U.S. ☐ Other: _____ Israeli ID # (if applicable): _____

If not a citizen of the United States, please indicate how long have you been in the U.S.? _____

United States Passport Number: _____

Foreign Passport Number (if applicable) and country: _____

10. Current Semikha Year: I II III IV

☐ Attended Katz Kollel From _____ to _____

☐ Semikhah received _____ Semikah expected _____
Month / Year Month / Year

11. Do you have a graduate degree? (Please circle): Yes No

If yes, please specify: _____

Are you currently enrolled in a graduate program? (Please circle): Yes No

If yes, please specify: _____

List the Shiurim you have attended the last four years (including current shiur and years(s)):

12. Who do you consider your Rebbe? _____

13. Have you learned in a Yeshiva in Israel? (Please circle): Yes No

If yes, which Yeshiva/Yeshivot? _____ From _____ to _____
_____ From _____ to _____

14. Hebrew knowledge Excellent Good Fair Poor

Speaking _____ _____ _____ _____

Understanding _____ _____ _____ _____

Writing _____ _____ _____ _____

15. Do you have health insurance which is valid in Israel? (Please circle) Yes No

Specify: _____

16. FOR MARRIED STUDENTS

A. Wife's Name: _____
(Maiden Name) Last First Middle

B. Date of Birth (mm/dd/yyyy): ____/____/____ Social Security Number: ____ - ____ - ____

Passport #: _____ Israeli ID # (if applicable): _____

Email: _____

C. College, graduate degrees and dates: _____

D. Did your wife attend seminary? If yes, which? _____

Years of attendance: _____

E. List names and birthdates of children: _____

(If there is a change in your marital status or in the size of your family after this application is submitted, please inform the Gruss office directly at 02-531-3022 / Fax 02 531 3021 / cblevy@yu.edu.

17. Name(s) and phone number(s) of relative(s) to be contacted in case of an emergency:

Name: _____ Phone Number: _____ Relationship: _____

18. Write your tentative plans for the future – learning, professional interests, etc.

19. Please list two references: _____

I understand that any commitment to me with regard to this program on the part of RIETS is dependent upon my rigorous maintenance of good standing. Incoming students must simultaneously apply and be accepted to RIETS.

Signature: _____

Date: _____