



Please submit this form to the address at the bottom of this page.

INTENT TO ENROLL FORM – For all new students

STUDENT INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ YU ID# \_\_\_\_\_

Mailing Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

PROGRAM OF CHOICE (PLEASE CHOOSE EITHER OPTION A, B, OR C):

Students enrolling in any program, whether on the NY campus or in Israel, are required to enclose the applicable deposits and **completed medical forms.**

OPTION A: I will be attending YU in New York

I intend to enroll at the New York Campus and have enclosed a \$550 nonrefundable deposit for enrollment and University housing. Please note that University housing is required for all undergraduates for their first two semesters on campus.

I wish to attend starting  Fall 20 \_\_\_\_  Spring 20 \_\_\_\_

OPTION B: I will be attending YU in Israel

I intend to enroll in the S. Daniel Abraham Israel Program. I have enclosed a \$250 nonrefundable deposit, which will be applied to the \$750 S. Daniel Abraham Israel Program fee.

I wish to attend starting  Fall 20 \_\_\_\_  Spring 20 \_\_\_\_

**Paperwork**

I have included the Israel Participation Agreement.

I have included a letter of acceptance from my Israel school \_\_\_\_\_  
Name of Israel School

OPTION C: Other

I would like to defer my admission

I wish to defer my admission to Yeshiva University until \_\_\_\_\_ in order to: (select one)

Study in Israel at the following school \_\_\_\_\_.

Other (please specify) \_\_\_\_\_.

Decline

I am declining Yeshiva University's offer of Admission and will attend \_\_\_\_\_.

PAYMENT INFORMATION (PLEASE DO NOT SEND CASH)

Please note that this request can only be processed once the deposit is received.

STUDENT NAME \_\_\_\_\_ YU ID # \_\_\_\_\_

Check or US money order payable to Yeshiva University is enclosed.  MasterCard  Visa

Cardholder's name \_\_\_\_\_ Telephone \_\_\_\_\_

Credit Card number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Security Code (last three digits in signature box on the back of the credit card) \_\_\_\_\_

Amount to pay:  \$250  \$550