



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

INTENT TO ENROLL FORM — For students accepted to Stern College for Women, Sy Syms School of Business or Yeshiva College

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 ____

I have included the completed medical forms.

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

I have included the completed medical forms.

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