



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

POST-ISRAEL REACTIVATION ENROLLMENT FORM

For students returning from Israel after more than one semester since participating on the S. Daniel Abraham Israel Program.

Name _____ Date of Birth ____ / ____ / ____ YU ID# _____

Mailing Address _____
STREET CITY STATE ZIP COUNTRY

Home Phone _____ Cell _____ Email _____

Reason for absence _____

Semester and year of last enrollment on the S. Daniel Abraham Israel Program _____

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 wish to attend the Post-Pesach Program 20 ____

I have included the Post-Pesach Program registration form.

Fees for the Post-Pesach Program should be included on the Post-Pesach Program registration form and NOT on this form.

OPTION C: Other

I am not interested in returning to Yeshiva University.

I will be attending _____.

I attest that the information provided in this application is true.

Student's Signature _____ Date _____

• FOR OPTION "A" ONLY

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: \$550