



**RIETS Program Registration Form**

Fall       Spring      20\_\_\_\_

Legal Name \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Hebrew Name: \_\_\_\_\_ YU ID# \_\_\_\_\_  
Last First Middle Starts With # 800 or 999

Current Mailing Address _____				
<small>Number &amp; Street or Dorm Building &amp; Room Number</small>		<small>City</small>	<small>State</small>	<small>Zip Code</small>
_____		_____		
<small>Cell Phone Number</small>		<small>Email Address</small>		
_____		_____		
Permanent Mailing Address _____		Marital Status: _____		
<small>(If Different From Above)</small>				

	CRN	Dept.	Course #	Section	Credits	Title	Maggid Shiur or Faculty Member
1							
2							
3							
4							
5							
6							
7							
8							
9							

**STATUS / SCHOOL:**

- Belz School
- Chaver
- Pre-Semikha
- Semikha I
- Semikha II
- Semikha III
- Semikha IV
- Post-Semikha

**CO-REQUISITE PROGRAM:**

- Kollel
- Machshevet Yisrael
- Master's at: \_\_\_\_\_

**RTP TRACK:**

- Pulpit
- Education
- Community Lay Leadership

**CAREER GOAL:** \_\_\_\_\_

I understand that I am not permitted to register for any courses outside of RIETS unless I list them on my Outside Work Form and receive permission.

Signed: \_\_\_\_\_

\_\_\_\_\_  
 Dean/Advisor's Signature

\_\_\_\_\_  
 Date