

**BERNARD REVEL GRADUATE SCHOOL  
HARRY FISCHEL SCHOOL FOR HIGHER JEWISH STUDIES  
YESHIVA UNIVERSITY  
500 West 185th Street  
New York, NY 10033-3201  
(212) 960-5253 • Fax (212) 960-5245**

**OFFICE OF STUDENT FINANCES  
APPLICATION FEE RECORD**

☐ Bernard Revel Graduate School or ☐ Harry Fischel School for Higher Jewish Studies  
*(To be filled out by student and submitted with application for admission and application fee)*

*(Check one)*

☐ Fall \_\_\_\_\_

☐ Spring \_\_\_\_\_

☐ Summer \_\_\_\_\_

1. Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
LAST FIRST MIDDLE/MAIDEN
2. Home address \_\_\_\_\_
3. Current mailing address, if different from home address \_\_\_\_\_
4. Have you ever attended any school of Yeshiva University prior to the filing of this application?  
☐ Yes ☐ No If yes, give school and date of attendance \_\_\_\_\_
5. Do you plan to apply for financial assistance?  
☐ Yes ☐ No If yes, a separate application must be filed. Applications are available upon request in the Revel Office.
6. (a) Full name of father or guardian \_\_\_\_\_  
Occupation \_\_\_\_\_
- (b) Firm or institution \_\_\_\_\_  
Name \_\_\_\_\_ Telephone \_\_\_\_\_
- (c) Address \_\_\_\_\_  
*(If you are over 21 and self-supporting, items 6b and 6c should be information relevant to yourself.)*
7. E mail \_\_\_\_\_

**FOR OFFICE USE ONLY**

\$25 APPLICATION FEE

RECEIVED ON \_\_\_\_\_

BY \_\_\_\_\_