



# Yeshiva University

## OFFICE OF THE REGISTRAR • ISRAEL HENRY BEREN CAMPUS

215 Lexington Avenue, 12<sup>th</sup> Floor | New York, New York 10016 | Phone 212 340 7777 | Fax 212 340 7837 | E-mail [berenregistrar@yu.edu](mailto:berenregistrar@yu.edu)

### **Joint SCW / Azrieli BA-MS Program Guidelines**

#### **Introduction:**

Joint bachelor's-master's programs exist between Stern College for Women (SCW) and the Azrieli Graduate School of Jewish Education (AGS). A student admitted to either of these programs may begin graduate study while still an undergraduate.

The graduate courses may count toward the 84 credit undergraduate residency requirement, may count toward both undergraduate requirements and the graduate degree, or may just allow the student to get an early start on graduate study.

#### **Eligibility:**

Students must have attained senior status and have completed at least 94 credits with a minimum GPA of 3.2.

#### **Credits:**

Students who have not yet completed the BA degree may take a maximum of 12 graduate credits whether or not these credits count back toward the undergraduate degree.

#### **Workload:**

The graduate courses count in the 7 course maximum workload per semester.

#### **Course Approval:**

Once admitted, joint program students wishing to take graduate courses to meet undergraduate requirements must request approval by filing the "Joint SCW-AGS Approval Request" form in consultation with an academic advisor.

#### **Registration:**

The undergraduate registrar must register all graduate courses taken within the 12 credit maximum.

#### **Grades:**

Grades in graduate courses taken to meet undergraduate requirements will be included in the undergraduate GPA and will be taken into account for awarding honors at graduation and for determining valedictorian.

#### **Fees:**

The tuition of full-time (12 credits) SCW students covers the cost of the graduate courses. A part-time SCW student will be charged undergraduate per-credit charges for the undergraduate courses and graduate per-credit charges for the graduate courses. Graduate tuition will be charged for summer AGS courses.

#### **How to Apply:**

1. Submit the attached application to the Undergraduate Registrar and attach two copies of your transcript.
2. Type a personal essay of 3-5 pages, double spaced, detailing your academic and professional goals, including your experience and your interest in Jewish education, and your reasons for applying to Azrieli. Submit either via email to [azrieli@yu.edu](mailto:azrieli@yu.edu) or mail to: Azrieli Graduate School, 500 West 185<sup>th</sup> Street, New York, NY 10033.
3. Complete the top portion of the two attached recommendation forms and send them to two university instructors under whom you have studied. Letters of reference should be returned directly to the Azrieli Graduate School at the above address.
4. Upon receipt of the application, essay and reference letters, the graduate school will contact you for an interview. If approved, AGS will mail you a letter of acceptance to the BA-MS program with a copy to the Undergraduate Registrar.

#### **Degrees:**

Upon completion of the BA requirements, students must apply for the BA degree through the Office of the Undergraduate Registrar.

Upon conferral of the BA degree, the student must notify AGS of her intent to continue in the Master's program and submit a \$50 registration fee payable to the Azrieli Graduate School. The student will receive a letter approving her continuation in the program, provided that she has maintained a 3.2 GPA in prior AGS coursework.

Upon completion of the graduate program, the student must apply for the MS degree through the Office of the Graduate Registrar.



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### Joint SCW / Azrieli BA-MS Program Application

Name: \_\_\_\_\_ YU ID #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(If Dormitory, Building & Room)

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Current Class:  JR  SR Major: \_\_\_\_\_

I am applying to the SCW – Azrieli BA-MS program beginning:  
 Fall 20\_\_  Spring 20\_\_  Summer 20\_\_  
I have read and agree to the guidelines on the accompanying sheet.

Reason for applying to the Joint Bachelor's – Master's Program:  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

#### Registrar:

\_\_\_\_\_ Number of credits earned as of \_\_\_\_\_ CUM GPA: \_\_\_\_\_

Signature of Registrar: \_\_\_\_\_ Date: \_\_\_\_\_

#### Undergraduate Dean or Advisor:

Student is  approved  not approved for acceptance to the program.

Comments: \_\_\_\_\_

Signature of Dean/Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

#### Graduate Dean:

Student is  approved  not approved for acceptance to the program.

Comments: \_\_\_\_\_

Signature of Graduate Dean: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note:** Graduate school will notify student and will cc the undergraduate registrar of its decision.



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### Joint SCW / Azrieli BA-MS Program Request for Letter of Recommendation

**TO APPLICANT:** Below, print your name, address, the degree you wish to pursue; then give the form to the person whose recommendation you are seeking (former professor, principal, supervisor or other individual who knows you professionally), with a stamped envelope, addressed to:

*Azrieli Graduate School of Jewish Education and Administration  
500 West 185th Street, Belfer Hall 311  
New York, NY 10033*

Student's name \_\_\_\_\_ YU ID # \_\_\_\_\_

Address \_\_\_\_\_

Degree Sought \_\_\_\_\_

Please select one of the following statements below, include your signature and submit to the person from whom you are requesting a letter of recommendation.

- I authorize the release of a candid evaluation to assist in the admission process of the Azrieli Graduate School. I understand that the material will be kept confidential both from me and the public, and waive any right of access that I might have by law. I further understand that the Azrieli Graduate School does not require me to execute this waiver and is willing to review my application without it.
- I authorize the release of a candid evaluation but choose not to waive my right to examine this form should I enroll as a student at the Azrieli Graduate School.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO PERSON SUBMITTING RECOMMENDATION:** The person named above is applying for admission to the Azrieli Graduate School of Yeshiva University. On your company's letterhead, please express your candid evaluation, indicating how long you have known the applicant, in what capacity, and whether or not you consider her capable of pursuing an advanced degree in Jewish education. Please be as specific and frank as possible regarding the applicant's intellectual ability, personality traits, and study habits. Please note the applicant's response to the release authorization section above.

Check each line at the appropriate point on the scale to show the applicant's rating on the characteristic concerned. Use your current student body and recent graduates as points of reference.

Characteristic	Highest		Average	Lowest		Not Observed
	Top 10%	Next 20%	Middle 40%	Next 20%	Bottom 10%	
Intelligence						
Industry						
Personality						

Name \_\_\_\_\_ Institution \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Signature \_\_\_\_\_



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Address \_\_\_\_\_

Degree Sought \_\_\_\_\_

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Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Name \_\_\_\_\_ Institution \_\_\_\_\_ Date \_\_\_\_\_

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Name: \_\_\_\_\_ YU ID #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(If Dormitory, Building & Room)

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Current Class:  JR  SR Major: \_\_\_\_\_

I have been admitted to the SCW-Azrieli Joint Program and request permission to take

One  Two of the following courses for a total of \_\_\_\_ credits during the

Fall 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_ Semester

To date I have already taken \_\_\_\_ credits at Azrieli (A maximum of 12 credits may be taken as part of the BA/MA program)

FOR STUDENT USE:						FOR ACADEMIC ADVISOR:		
GRADUATE SCHOOL COURSE INFORMATION								
Include the specific requirement you would like each course to fulfill if any:						Indicate the specific requirement the course will fulfill, if any:		
CRN	Dept.	Course #	Title	Cr.	Specific Req.	Course #	Specific Req.	Signature

Signature of Student: \_\_\_\_\_ Date : \_\_\_\_\_

**INCOMPLETE FORMS WILL NOT BE PROCESSED**

#### FOR OFFICE USE ONLY

<b>Action by Dean/Advisor</b>	Comments: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature _____ Date _____
<b>Action by Graduate Dean</b>	Comments: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature _____ Date _____
<b>Action by Registrar</b>	Comments: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature _____ Date _____