



Yeshiva University

OFFICE OF THE REGISTRAR • BEREN & WILF CAMPUS

Beren:	215 Lexington Avenue, 6 th Floor	New York, New York 10016	Phone 212 340 7777	Fax 212 340 7837	E-mail berenregistrar@yu.edu
Wilf:	500 West 185 th Street, Rm 114	New York, New York 10033	Phone 212 960 5274	Fax 212 960 0004	E-mail wilfregistrar@yu.edu

GRADUATE SCHOOL APPLICATION FOR GRADUATION

Please complete this Application for Graduation once you have completed all requirements towards your graduate degree. A fee of \$150 is payable by credit card (*Visa or MasterCard*), check (to *Yeshiva University*) to the Office of Student Finance (*in person or by phone – Beren: 917-326-4940; Wilf: 212-960-5399*) before submitting this form to the Office of the Registrar. The deadlines for filing for graduation are as follows: (1) for September Degree: no later than July 1st; (2) for January Degree: no later than November 1st; (3) for May Degree: no later than March 1st (if planning to march at commencement no later than March 1st). **Degrees are conferred ONLY when the Office of the Registrar officially confirms that all requirements toward the degree which you applied for have been met and there are no outstanding financial obligations to the University.**

Anticipated Date of Graduation: September January May 20 ____

Legal Name _____, _____, _____ YU ID _____
LAST FIRST MIDDLE STARTS WITH # 800 or 999

I will attend graduation (*Ceremony held in May*) Attire Height: ____ Ft ____ In Weight: ____ Lb
 I will not attend graduation

School Attending:

(Check all that apply)

- Azrieli Graduate School of Jewish Education and Administration
- Belz School of Music
- Bernard Revel Graduate School of Jewish Studies
- Graduate Programs in Arts and Sciences
- Rabbi Isaac Elchanan Theological Seminary
- Stern College for Women
- Sy Syms School of Business
- Wurzweiler School of Social Work

Fill in only which are applicable (*for Schools and Degrees see reverse side*):

Degree Applying: _____ Major: _____ Minor: _____

MUST BE FILLED OUT BY STUDENT MAIL DIPLOMA TO:

Print your name exactly as you wish it to appear on your diploma:

Diploma Name _____
FIRST MIDDLE LAST

Mailing address _____
NUMBER & STREET, APT # CITY STATE ZIP

Daytime phone (____) _____ Email _____

For Ed.D. and Ph.D. Candidates Only: Please provide the title of your Dissertation / Research Project:

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY

Office of Student Finance:

Fee Received: \$ _____ Processed by: _____ Date: _____

Office of the Registrar:

Entered in Banner: SHADEGR SHADIPL SHACATT SPAIDEN

Sequence Number: _____, _____

Comments: _____

Processed by: _____ Date: _____