

RABBI ISAAC ELCHANAN THEOLOGICAL SEMINARY
an affiliate of Yeshiva University

Application for the *Kupietzky Kodshim Kollel*

YU ID (if available): _____

For the Academic Year 20____ - 20_____

1. Name: _____
Last LEGAL First Middle

2. Current Mailing Address: _____
Number and Street Apt.# City State Zip Code

3. *Semikha* received _____ *Semikha* expected _____
Month / Year Month / Year

Are you planning to continue your studies in RIETS until you complete *Semikha* (Please circle): Yes No

If no, please explain: _____

If your *Semikha* is not from RIETS, please indicate from where/whom it was received: _____

4. A. EducatioETS8 Are you currentl rolled in r ae you ttendd rdute hl

_____ ere Eard _____