



TOURO COLLEGE GRADUATE SCHOOL OF JEWISH STUDIES

43 West 23rd Street
New York, N.Y. 10010

APPLICATION FOR ADMISSION TO MASTER'S PROGRAM IN JEWISH STUDIES

Instructions

1. The Application for Admission must be filled out completely and returned to the Office of Admissions, Graduate School Of Jewish Studies, 43 W. 23rd St., NY, NY 10010. Please fill it out carefully, as an incomplete form cannot be processed and will delay consideration of your application.
2. A \$50 application fee in the form of a check or money order payable to Touro College must accompany the application. This application fee is not refundable or creditable toward tuition.
3. An official copy of your transcript from each undergraduate and graduate institution must be sent directly to the Office of Admissions. This applies even if you do not expect or wish to transfer credit for work done at these institutions. Transcripts submitted by the applicant cannot be considered official documents.
4. Two letters of recommendation are required. The recommendation forms are to be given, if possible, to college instructors who have personal knowledge of the applicant. If you graduated some time ago and cannot obtain a meaningful faculty appraisal, you may submit a reference from an employer or colleague who can evaluate your work from the standpoint of a supervisor.
5. Upon completion of the application (receipt of all supporting transcripts and documents) you may be invited for a personal interview.
6. An application cannot be processed until all documents have been received by the Office of Admissions and all other requirements have been met.
7. If you wish to apply for financial assistance, you must file a separate Application for Financial Assistance available from the Office of Financial Aid. It is advisable to submit this form as soon as possible to permit early processing of the financial aid package. The admission decision is not in any way related to financial considerations.
8. If you are a foreign student planning to enter the United States or expecting to remain in the country on a student visa, you must complete all arrangements, including financial, before the College will issue an I-20 form.

FOR OFFICE USE ONLY



**TOURO COLLEGE
GRADUATE SCHOOL OF JEWISH STUDIES**

43 West 23rd Street
New York, N.Y. 10010

Received _____

Fee _____

For Entrance in:

FALL 20 _____

SPRING 20 _____

SUMMER 20 _____

As a:

FULL - TIME

PART - TIME

STUDENT

PLEASE PRINT OR TYPE ALL INFORMATION

Name: _____ Soc. Sec. # _____
Last First Middle or Maiden Other

Permanent Address: _____ Apt. No. _____
Number & Street

City State Zip Telephone: () _____
Area Code

Mailing Address (if different): _____ Apt. No. _____
Number & Street

City State Zip Telephone: () _____
Area Code

Occupation: _____ Institution or firm name: _____

Business Address: _____ Telephone: () _____
Number and Street City State Zip Area Code

Name of Parent or Guardian _____

Address of Parent or Guardian _____ Telephone: () _____
No. Street Area Code

City State Zip

Date of Birth: ___ / ___ / ___ Place of Birth _____ Marital Status: _____ Number of Dependents: _____
No. Day Yr. City State or Country

Are you a U.S. citizen? Yes No If not, indicate country of citizenship: _____ If not a U.S. citizen, are
you a permanent resident of the United States? Yes No Alien Registration No. _____

If not a permanent U.S. resident, indicate type of Visa: _____ Are you a U.S. veteran? Yes No

Are you a resident of New York State? Yes No If yes, since when _____ ?

List in chronological order, starting with the most recent experience, all full-time or part-time jobs you have held in the last five years:
Also indicate experience in Jewish communal work or education. (Use a supplementary sheet if more space is needed.)

TYPE OF WORK (Teacher, Accountant, Etc.)	SUBJECT TAUGHT OR SPECIFIC POSITION	SCHOOL OR FIRM NAME	ADDRESS (City and State)	DATES (From-To)

ACADEMIC BACKGROUND

List all high schools, colleges, universities, graduate and professional schools attended: (Attach additional sheets if necessary.)
 Include all schools of Jewish studies on the secondary level and above.

	Name of Institution	Address (City and State)	Dates of Attendance (From-To)	Degrees Received and Date Granted	Average	Major and Major Average
Secondary School						
Colleges						
Graduate and Professional Schools						

List all courses taken in Jewish studies at any institution of higher Jewish learning: _____

List all scholastic or academic honors you have received after high school including scholarships, fellowships, prizes and honor societies: _____

List the significant student activities in which you participated and offices held during college with special emphasis on those related to Jewish matters: _____

List the significant community activities in which you have participated during and after college with special emphasis on those related to Jewish matters: _____

Has your college, university, graduate or professional school course been interrupted for one or more terms for any reason? Explain why and indicate how you have spent this interval: _____

If you are transferring from another college or university, indicate your reasons for leaving: _____

Have you ever been under academic discipline or been asked to withdraw from any school or college? If yes, explain: _____

Are you applying, or have you applied, for admission to other graduate schools? If so, please list them: _____

List names of close relatives who are Touro College students or alumni and relationship to you: _____

List the names of two people who will be submitting letters of recommendation on your behalf.

Name

Address

Name

Address

Give a brief statement of your aims in seeking admission to this school. Include such items as your career goals, i.e., research, teaching, your interest in the area of Jewish studies, and any factors which you feel are relevant to admission to a graduate school of Jewish studies.

I certify that the information given above is true to the best of my knowledge.

Date

Signature of Applicant



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REQUEST FOR LETTER OF RECOMMENDATION

To Applicant:

Please print your name and address and sign one of the following statements before presenting this form to the person whose recommendation you are requesting with a stamped envelope addressed to the above address.

Name _____

Address _____

I authorize the release of an evaluation to assist in the admission process. I waive my right to see this recommendation.

Date _____

Signature _____

(OR)

I authorize the release of an evaluation but choose not to waive my right to see this recommendation.

Date _____

Signature _____

To Person Submitting Recommendation:

The applicant named above is applying for admission to Touro College-Graduate Program of Jewish Studies. We would appreciate your sending us your recommendation of this student, indicating how long you have known the applicant, in what capacity, and whether or not you consider him/her capable of undertaking and completing the program leading to an advanced degree in this field. Please be as specific and as frank as possible regarding the applicant's intellectual ability, personality traits, study habits, motivation, judgment, and maturity.

Check (✓) each line at the appropriate point on the scale to show the applicant's rating on the characteristic concerned. Use your own student body and recent graduates as a reference group.

CHARACTERISTICS	HIGHEST		AVERAGE	LOWEST		NOT OBSERVED
	Top 10%	Next 20%	Middle 40%	Next 20%	Bottom 10%	
INTELLIGENCE						
INDUSTRY						
PERSONALITY						

Name _____ Institution _____ Date _____
(Please Print)

Title _____ Signature _____