



## DHL APPLICATION

### Doctor of Hebrew Letters (DHL) Application Form

First Name

Last Name

Date of Birth  
(dd/mm/yyyy)

Place of Birth

Address in the USA

Street Address Line 2

City

State

Postal / Zip code

US Phone

Email \*

Social Security Number

Permanent address outside the USA (if applicable)

Street Address Line 2

City

State

Postal / Zip code

Country

Code

Phone

Country of  
Citizenship

Passport Number

Visa Type/Number (if applicable)

## EDUCATION

**Educational institutions attended with diplomas/degrees earned**

**Dates:**



*Prospective students must arrange for transcripts or other evidence of prior academic work to be sent to the Rosh Yeshiva or Academic Dean.*

## OTHER RELEVANT EDUCATIONAL ACHIEVEMENTS


## REFERENCES (minimum of 3)

**First Reference: Name & Position Held**

**E-mail or Phone #**

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**Second Reference: Name & Position Held**

**E-mail or Phone #**

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**Third Reference: Name & Position Held**

**E-mail or Phone #**

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**Fourth Reference: Name & Position Held**

**E-mail or Phone #**

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**Fifth Reference: Name & Position Held**

**E-mail or Phone #**

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**Sixth Reference: Name & Position Held**

**E-mail or Phone #**

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## GOALS & OBJECTIVES

Why do you want to enter our D.H.L. program?

What research area will be your focus?

What prepares you for this undertaking?

Signature

Date

Send all application materials to:

Dr. Nathan Katz  
Academic Dean  
Chaim Yakov Shlomo College of Jewish Studies  
9540 Collins Avenue  
Surfside, FL 33154  
U.S.A.



Chaim Yakov Shlomo  
**College of Jewish Studies**  
[www.CYSCollege.org](http://www.CYSCollege.org) (305) 868-1411