



Office of the Registrar
160 Herrick Road, Newton Centre, MA 02459
617-559-8642 (phone) 617-559-8825 (fax)

RABBINIC SCHOOL PETITION TO ADD CERTIFICATE TRACK

Date: _____ Student ID # _____

Name (last, First, MI) _____

Current Degree Program: ☐ Masters of Arts in Jewish Studies—Rabbinic
☐ Masters of Jewish Education—Rabbinic

Certificate I would like to pursue in addition to Master's degree above:

- ☐ Certificate in Pastoral Care
☐ Certificate in Organizational Leadership
☐ Certificate in Jewish Sacred Music

Student's Signature _____

Advisor's name: _____

Advisor's Signature _____

Approved ☐ Yes ☐ No

Date: _____

Return this form to the Registrar's office

Form given to Rabbinic School: _____

Approved ☐ Yes ☐ No

Approved by _____

Approval Signature: _____

Date: _____

Return this form to the Registrar's Office.

Received by Registrar's Office: _____

Effective date of change: Term _____ Year _____

Entered on _____