

Hebrew Language – Degree Students

Application for Ulpan - 2009/10

- **Summer Ulpan: August 5 – September 24, 2009** (Apply by: July 1, 2009)
- **Jerusalem Ulpan: June 25 – July 26, 2009** (Apply by: May 15, 2009)
- **Winter Ulpan: January 25 – February 18, 2010** (Apply by: December 31, 2009)

To apply for the Ulpan you must submit the following documents:

Application Form : Completed and signed by the applicant (**Attached**)

A letter confirming your registration to the Hebrew University (issued by the Office of Overseas Students Admissions)

A copy of your Hebrew University registration fee receipt or US \$80 application fee

Two Passport Size Photos

Hebrew Placement Test: All new students must take this test before commencing their studies in the *Ulpan*. Without the test we cannot reserve a place for you on the course! The placement test may either be taken at the Rothberg School or downloaded from our website.

See our website for Guidelines <<http://overseas.huji.ac.il/hebrewexams>>

Medical Certificate: Completed and signed by the physician. Not applicable for new immigrants or those who will be covered by one of the Israeli Health Funds. (**Attached**)

Housing: To request university housing for the Ulpan you should submit the Housing Request Form and a (non-refundable) dormitory deposit of US \$75 (in dollar or Israeli currency). Places will only be reserved for students who submit this form and the deposit by the application deadline. (**Attached**)

Please notify us about any change of address or personal information.

Additional Details at the Rothberg International School website:

Summer Ulpan Programs <<http://overseas.huji.ac.il/hebrewsummer>>

Fees & Payment Guidelines <<http://overseas.huji.ac.il/academics.asp?cat=185&in=24>>

Please send your application to:

Division of Hebrew Language Instruction
Rothberg International School
The Hebrew University of Jerusalem
BoyarBuilding, Mount Scopus
91905 Jerusalem, Israel.

Tel. 972-2-5882698 or 972-2-5882603

Fax: 972-2-5882363

Email: rishebrew@savion.huji.ac.il

Please send this application to:

Division of Hebrew Language Instruction
Rothberg International School
The Hebrew University of Jerusalem
Boyar Bldg., Mount Scopus, 91905 Jerusalem, Israel
Fax: 02-5882363 Email: rishebrew@savion.huji.ac.il



ULPAN APPLICATION FORM – DEGREE STUDENTS



Select Program:

Summer Ulpán in August-September (*Apply by July 1*)

Jerusalem Ulpán in June-July (*Apply by May 15*)

Winter Ulpán in January-February (*Apply by December 31*)

Personal Details:

Last Name _____ First Name _____

Hebrew University Student No. _____ Father's Name _____

Israeli I.D. / Passport # _____ SS # (U.S. students only) _____

Country of Birth _____ Birth Date _____ Sex: Male Female

E-mail: _____ Tel. in Israel: _____

Most Recent Studies Institution _____

Certificate Received _____ Date _____

Mailing Address Home _____

_____ City _____ Code _____

Telephone # (home) _____ Mobile # _____

Emergency Address Name _____

Home _____

_____ City _____ Postal (Zip) Code _____

Telephone # (home) _____ Mobile # _____

Fax # _____ E-mail: _____

Signature _____ **Date** _____

**HEBREW UNIVERSITY OF JERUSALEM
Rothberg International School**

Housing Reservation Form

- Rooms are assigned on a first-come, first-served basis to students who submit this reservation form and the deposit by the appropriate deadline listed below.
- Students with special needs are strongly encouraged to make the University aware of their needs early in the housing assignment process.
- Rooms are not allocated before the financial registration dates that appear in our publications.
- **Students arriving in Jerusalem after 2:30 P.M. on the days of registration must find alternate accommodations for the night.**

Note: Towels, bedding and kitchenware are not provided but may be purchased locally.

NAME _____ AGE _____ SEX _____

STUDENT NO. _____ ACADEMIC PROGRAM _____

HOME ADDRESS _____

TEL. NO. _____ E-MAIL ADDRESS _____

SHABBAT OBSERVANT YES NO

SPECIFIC ROOMMATE REQUEST: _____
Name Program

I WISH TO RESERVE HOUSING FOR (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Jerusalem Ulpan | <input type="checkbox"/> Academic Year |
| <input type="checkbox"/> Summer Institutes | <input type="checkbox"/> Autumn Semester |
| <input type="checkbox"/> Summer Courses: Biblical Hebrew / Arabic | <input type="checkbox"/> Winter Ulpan |
| <input type="checkbox"/> Programme Scopus | <input type="checkbox"/> Spring Semester |
| <input type="checkbox"/> Summer Ulpan | |

Housing Reservation Deadlines:

Jerusalem Ulpan / Summer Institutes / Summer Courses	May 15
Summer Ulpan / Programme Scopus	July 1
Autumn Semester / Academic Year	August 31
Winter Ulpan / Spring Semester	December 31

This form must be accompanied by a US \$75 housing deposit.

Tuition and Housing Coordinator
 Finance Office, Boyar Room 501
 Rothberg International School
 The Hebrew University of
 Jerusalem
 91905 Jerusalem, ISRAEL

or

Local Hebrew
 University Office

THE HEBREW UNIVERSITY OF JERUSALEM
Rothberg International School
Boyar Building, Mount Scopus
91905 Jerusalem, Israel

REPORT OF MEDICAL EXAMINATION

TO THE EXAMINING PHYSICIAN - Your health evaluation is an essential part of the application for the Hebrew University. The final decision concerning the applicant's eligibility, insofar as physical and emotional health are concerned, is based on this report. We require a full physical examination.

Name of Applicant _____ Sex: _____

Address: _____

Date of Birth _____ Age: _____

1. Past or present illnesses (Please give dates, complications, and any residual symptoms):

a. History of heart disease (valve disorders, congenital malfunctions, etc.): _____

b. Rheumatic fever (heart involvement): _____

c. Diseases of the digestive tract: (peptic ulcer, biliary tract disease, chronic or recurrent diarrhea, severe constipation, vomiting, spells, hernia, appendicitis:

d. Respiratory diseases (tuberculosis, asthma, chronic bronchitis, bronchietasis, sinus disease):

e. Urinary tract diseases (nephritis, nephrosis, calculous disease, recurrent bladder or prostatic disease, history of urinary tract infection): _____

f. Disorders of menstruation (give details): _____

g. Diabetes mellitus: _____

h. Hypertension: _____

i. Migraine or severe headaches (dizzy spells, strokes): _____

j. Epilepsy, fainting spells, history of head injuries: _____

k. Muscle disease: _____

l. Allergic diseases (hay fever, food allergies). Please record causative factors _____

m. Chronic skin diseases: _____

n. Severe injuries: _____

o. Operations (list operations and dates. If none, write "none"): _____

p. Systematic disease (juvenile rheumatoid arthritis, lupus, erythematosis): _____

2. List special dietary requirements (i.e., low sodium): _____

3. Please conduct a complete examination

Height: _____ Weight _____

	Normal	Deviation from Normal
Skin		
Eyes		
Ears		
Hearing		
Nose		
Teeth		
Heart		
Lungs		
Abdomen		
Tonsils		

	Normal	Deviation from Normal
Feet		
Spine		
Blood pressure		
Electrolytes		
Tine or PPD test		
Urinalysis (dipstick and microscopic, if indicated)		

4. If the applicant is receiving any medication, please attach a statement of such medication with dosage and directions to keep on file.

5. Bearing in mind the various conditions imposed by a foreign study program (lengthy absence from home, adjustment to a foreign culture, different living conditions, etc.), please give us your evaluation of the applicant's emotional stability. If, to your knowledge, the applicant has been treated by a psychologist or psychiatrist please indicate this

I have examined the above-named applicant and consider him/ her physically qualified to participate in study at the Hebrew University.

Name of Physician (please type or print): _____

Address: _____

Signature of Physician: _____ Telephone No. _____

License No. _____ Date: _____