



**THE HEBREW UNIVERSITY OF JERUSALEM
ROTHBERG INTERNATIONAL SCHOOL**

Canadian Friends of the Hebrew University
3080 Yonge Street Suite 5024
Toronto, Ontario M4N 3N1
E-mail: admissions@cfhu.org

Toll free: 1-888-HEBREWU
Telephone: 416-485-1222
Fax: 416.485.8565
Web: <http://www.cfhu.org>

Undergraduate Application Instructions

The following materials are required to process your application. Applications will not be considered for admission until **all** application materials are received. It is strongly recommended that you include your name on all documents you submit, and that you keep a copy of all application materials. *Application papers and supporting documents will not be returned or transferred to any other institution.*

- TWO COPIES OF THE APPLICATION FORM: Include original and a photocopy
- TWO COPIES OF YOUR CURRENT *ONE-PAGE* RESUME OR *CURRICULUM VITAE* detailing academic honors, published materials, extracurricular/community activities, foreign study, and recent employment experience
- TWO COPIES OF YOUR ONE-PAGE PERSONAL STATEMENT
- TWO CONFIDENTIAL LETTERS OF RECOMMENDATION from faculty members who have first-hand knowledge of your academic abilities. If mailed, the letters should be sent in sealed envelopes.
- THREE PASSPORT-SIZE PHOTOGRAPHS, with your name written on the back of each
- TWO **OFFICIAL** (SEALED) TRANSCRIPTS:
Freshman Program applicants from **each** high school attended, OAC's, and/or CEGEP
One Year/Semester Program applicants from **each** post-secondary institution attended
First-year college students must also submit two official copies of their high school transcripts
- TWO PHOTOCOPIES OF THE INSIDE IDENTIFICATION PAGE OF YOUR PASSPORT AND/OR ISRAELI IDENTITY CARD, as applicable
- TWO COPIES OF THE HEBREW PLACEMENT EXAM ANSWER SHEET(S)
- TWO COPIES OF THE MEDICAL EXAMINATION REPORT: Be sure to keep a photocopy of the signed form from your physician, as you must submit a photocopy of this form to the sports center in order to use the exercise facilities on campus
- APPLICATION FEE OF \$US 60 *Canadian Friends of the Hebrew University*. Please be sure the applicant's name appears on the check or money order
- ONE YEAR/SEMESTER PROGRAM APPLICANTS ONLY**: STUDY ABROAD APPROVAL FORM

2007-08 DEADLINES

Students are encouraged to submit applications as early as possible. The admissions committee generally begins making decisions on completed full year and autumn semester applications at the end of January and on spring applications in late September. Decisions are made on a rolling basis thereafter as applications are completed. Late program applications may only be submitted with the approval of an admissions officer. Late applications for financial aid or scholarship programs will **not** be accepted.

All application forms and supporting materials must be postmarked by:

Autumn & full year programs and financial aid:

April 15, 2007

Spring semester programs and financial aid:

November 15, 2007

Instructions Cont.

TRANSCRIPT: Students who have attended more than one college or university must submit **two** official transcripts from each institution. Transcripts must include **ALL** semesters that you have studied. High school seniors and first-year college students must submit two official copies of their high school transcripts.

Please Note: Freshman Program candidates - In Ontario, high school graduation is defined as receipt of 6 OAC's; in Quebec, this refers to successful completion of grade 11, although one year of CEGEP is preferred. Candidates from Quebec for one semester will be eligible only after completing one year of CEGEP.

LETTERS OF RECOMMENDATION: Two confidential academic letters of recommendation must be submitted on or accompanied by the enclosed recommendation forms. Recommendations should be from *teachers, professors and/or an academic advisor who has first-hand knowledge of your academic performance*. All letters should be sealed and included with the rest of the application materials.

FINANCIAL AID: Information may be found at www.cfhu.org/site_2003/cfhu_academic_scholarships.htm or requested from admissions@cfhu.org or 1- 888-HEBREWU.

HEBREW PLACEMENT EXAM: The exam is available as a separate download, which includes the test and the answer sheet. As this is a test used only for placement purposes, students should answer only those questions they know. The relevant pages must be included with the application materials, even for those students who do not know any Hebrew.

SUBMIT ALL FORMS AND DOCUMENTS, including the \$60 application fee (and \$25 late fee, if applicable), to:

Canadian Friends of the Hebrew University
3080 Yonge Street Suite 5024
Toronto, Ontario M4N 3N1

<p>Please note that this application is for students from Canada only. All other students should contact the appropriate Rothberg International School office http://overseas.huji.ac.il/directory.asp prior to application.</p>



**THE HEBREW UNIVERSITY OF JERUSALEM
ROTHBERG INTERNATIONAL SCHOOL**

Attach
photograph
here with
your name
on the back

**Undergraduate Programs
Application for Admission**

PLEASE INDICATE THE PROGRAM TO WHICH YOU ARE APPLYING:

UNDERGRADUATE PROGRAMS	Freshman Programs (FYP)	One Year Programs (OYP)
	<input type="checkbox"/> Full Year	<input type="checkbox"/> Full-Year
	<input type="checkbox"/> Autumn Semester Option	<input type="checkbox"/> Autumn Semester Option
	<input type="checkbox"/> Spring Semester Option	<input type="checkbox"/> Spring Semester Option
	<input type="checkbox"/> Israel University Option (Full Year Only)	

ANTICIPATED PERIOD OF STUDIES:

Academic Year 200__ / __ Autumn Semester Only 200__ Spring Semester Only 200__

Family Name

First Name

Father's First Name

Israeli ID Number (*Teudat Zehut*)
(where applicable)

Passport Number

Social Insurance #

PERMANENT MAILING ADDRESS FOR ALL CORRESPONDENCE

Number

Street

City

State

Postal Code

Country

Previous Family Name

Telephone _____ Cellular Phone _____

Fax _____ Permanent E-mail _____

ADDRESS IN ISRAEL (IF APPLICABLE) c/o First Name _____ Last Name _____

Postal Code מיקוד

City עיר

Number מספר

Street

רחוב

PERSONAL DATA

Status in Israel (if known):

- Citizen / Immigrant / Permanent Resident
- Student (A-2 Visa)
- New Immigrant
- Tourist (B-2 Visa)
- Temporary Resident (A-1 Visa)

Approximate Date of Arrival _____ Country of Citizenship _____

Date of Birth _____ Gender: Male Female
Day Month Year

Last Country of Schooling _____ Country of Birth _____

Marital Status: Single Married Divorced Widowed Number of Children: _____

PARENT / GUARDIAN INFORMATION

Father **Male Guardian:**

Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____

Home Telephone _____ Business Telephone _____

Fax _____ E-mail _____

Cellular Phone _____ Country of Birth _____

Mother **Female Guardian:**

Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____

Home Telephone _____ Business Telephone _____

Fax _____ E-mail _____

Cellular Phone _____ Country of Birth _____

EMERGENCY CONTACT (if different from parents, above):

Name _____ Relationship to you _____

Mailing Address _____

Home Telephone _____ Business Telephone _____ E-mail _____

PERMANENT ADDRESS OF CLOSE FRIENDS OR RELATIVES IN ISRAEL

Name Address Telephone

ACADEMIC BACKGROUND

List in chronological order, starting with your current enrollment, all colleges and universities you have attended. Students who have attended more than one college or university must submit official transcripts from **each** institution.

From how many institutions should we expect to receive transcripts? _____

College or University	Major	Dates of Attendance	Date of Graduation	Cumulative GPA
High School	City	State	Date of Graduation	Cumulative GPA

If you have transferred from one school to another, please provide a brief statement concerning the reasons for your transfer.

ACADEMIC LETTERS OF RECOMMENDATION

Please list the name and institution of each person who will be sending a recommendation on your behalf.

1	Name:	Institution:
2	Name:	Institution:

STANDARDIZED EXAM SCORES

List below the score reports which you are having sent, if any. Official scores must be submitted by the appropriate testing service. List the dates for planned tests or received scores as applicable.

Exam	Date	Scores

For candidates who did not previously study at an educational institution where the language of instruction is English, list below your Test of English as a Foreign Language (TOEFL) exam score:

TOEFL: Date _____ Score _____ Computer Test Paper Test

LANGUAGE PROFICIENCY

Indicate your language proficiency (scale: excellent, good, fair, poor, none)

Language	Speaking	Reading	Writing
Hebrew			
English			
Other:			

SURVEY INFORMATION

How did you hear about the Hebrew University's Rothberg International School? (Check all that apply.)

A friend told me about the program

I met your representative at _____

I saw an advertisement for the program in a newspaper

Name of Publication: _____

I received information through my campus study abroad office

I received information from my campus Hillel

I received information through my ROTC advisor

A professor or advisor recommended the program
Name: _____

I saw the Rothberg International School web page

I found the program listed on another web page
Specify: _____

I saw a poster on my campus

Other (please specify): _____

Were you involved in a youth movement?

Yes No

If yes, which one? _____

Were you a camp counselor?

Yes No

If yes, which camp? _____

You may circulate my name, address, and telephone number to other students accepted to Hebrew University study abroad programs. Yes No

You may circulate my name, address, and telephone number to organizations that request information about Hebrew University students, at your discretion. Yes No

PREVIOUS OR CURRENT STUDIES IN ISRAEL

(Including short-term university programs, yeshiva, youth movement courses, etc.)

Program	Dates of Attendance
Did you participate in birthright Israel? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PLEASE LIST FAMILY MEMBERS WHO HAVE ATTENDED THE HEBREW UNIVERSITY OF JERUSALEM:

Name	Program	Year	Email Address	Relationship to You

(OPTIONAL): ARE YOU APPLYING TO OTHER STUDY ABROAD PROGRAMS? Yes No IF SO, WHICH ONE(S)?

MEDICAL DATA

Please answer the questions below and submit, along with this application, the enclosed medical examination report completed and signed by your physician.

Do you have any physical, emotional, learning or medical condition that has required or still requires professional care that might limit your activity in any way? Yes No

If yes, please indicate the condition and the implications for your studies and/or daily living, and provide a letter from your treating physician indicating details of your condition and treatment and implications for your study abroad experience in Israel. **Your application will be considered regardless of any disability.**

STATEMENT OF PURPOSE

Your personal statement of 300-500 words will aid the Admissions Committee in evaluating your application. Please use a separate page.

Please respond to one of the following three questions, and be sure to relate your essay to your program of study and your academic goals.

1. Why do you wish to study abroad?
2. What are the three most important things you hope to gain from your experience in Israel?
3. Describe a recent experience, achievement, or dilemma that was profoundly meaningful to you and impacted your life. Elaborate on how it affected you.

IMPORTANT FOR ALL CANDIDATES:

Have you ever applied to the Hebrew University (including the Rothberg International School)?

Yes No If yes, in what year? _____

The University reserves the right to take disciplinary action in connection with candidates who submit incorrect and/or fraudulent information.

I waive my right to privacy regarding all financial, scholastic and/or academic documentation relevant to enrollment at the Hebrew University. I certify that all information submitted is complete and correct, and I agree to abide by all regulations of the Hebrew University for the duration of my studies.

Signature _____ **Date** _____



THE HEBREW UNIVERSITY OF JERUSALEM
ROTHBERG INTERNATIONAL SCHOOL

Study Abroad Approval Form

(For One Year/Semester Program applicants only)

Please submit this form to the Division of Undergraduate Studies with the accompanying application for admission.

NAME OF APPLICANT _____ SOCIAL INSURANCE NUMBER _____

E-MAIL ADDRESS _____

WILL YOUR SCHOOL PAY ANY PART OF TUITION AND FEES? Yes No

This form must be completed by the advisor, dean, registrar, or school official with the authority to approve the applicant's course of study abroad.

To the school official:

Has the applicant received the necessary approval from your institution to study abroad? Yes No

Will the credits earned by this student at Hebrew University be accepted toward this student's degree program?
 Yes No

Yes, if the student meets the following conditions:

Name _____ Position _____

Institution _____

Address _____

City/State/Zip _____

Telephone _____ Fax _____ E-mail _____

Signature _____ Date _____

Institutional Seal or Official Stamp



THE HEBREW UNIVERSITY OF JERUSALEM ROTHBERG INTERNATIONAL SCHOOL

Confidential Letter of Recommendation

The applicant should complete this section. Please type or print clearly.

Name of applicant:

 Last Name First Name Middle Initial Social Insurance # E-mail Address

Please indicate the program to which you are applying:

Freshman Programs (FYP)	Undergraduate One Year Programs (OYP)
<input type="checkbox"/> Full Year	<input type="checkbox"/> Full Year
<input type="checkbox"/> Autumn Semester Option	<input type="checkbox"/> Autumn Semester Option
<input type="checkbox"/> Spring Semester Option	<input type="checkbox"/> Spring Semester Option
<input type="checkbox"/> Israel University Option	

Anticipated Period of Study *Academic Year 200__/_/___* *Autumn Semester 200__* *Spring Semester 200__*

Application papers and supporting documents will **not** be returned or transferred to any other institution. I hereby waive my right of access to this letter of recommendation.

Signature _____ Date _____

Name of Recommender _____

Position and Title _____

Institution _____ Telephone _____

The recommender should complete the remainder of this form.

How long have you known the applicant? _____ In what capacity? _____

Please rate the applicant relative to other students in the same field in recent years:

	Excellent	Good	Fair	Poor	Unknown
Academic Attributes					
Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for research and independent study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written/spoken expression of ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suitability for Study Abroad					
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-reliance/independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tolerance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to get along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Using the back of this form or a separate sheet of paper, please comment on the applicant's suitability for studying at the Hebrew University and living in Jerusalem. *If using additional paper, please include the student's full name and social security number on each sheet.*

Signature _____ Date _____

Please return the completed form to: Canadian Friends of the Hebrew University, 3080 Yonge Street Suite 5024
 Toronto, Ontario M4N 3N1 Tel: 1-888.HEBREWU or 416 485-1222 Fax: 416.485.8565 E-mail: admissions@cfhu.org



**THE HEBREW UNIVERSITY OF JERUSALEM
ROTHBERG INTERNATIONAL SCHOOL**

Confidential Letter of Recommendation

The applicant should complete this section. Please type or print clearly.

Name of applicant:

Last Name First Name Middle Initial SS#/ SI#/ NI# E-mail Address

Please indicate the program to which you are applying:

Freshman Programs (FYP)	Undergraduate One Year Programs (OYP)
<input type="checkbox"/> Full Year	<input type="checkbox"/> Full Year
<input type="checkbox"/> Autumn Semester Option	<input type="checkbox"/> Autumn Semester Option
<input type="checkbox"/> Spring Semester Option	<input type="checkbox"/> Spring Semester Option
<input type="checkbox"/> Israel University Option	

Anticipated Period of Study Academic Year 200__/___ Autumn Semester 200__ Spring Semester 200__

Application papers and supporting documents will *not* be returned or transferred to any other institution. I hereby waive my right of access to this letter of recommendation.

Signature _____ Date _____

Name of Recommender _____

Position and Title _____

Institution _____ Telephone _____

The recommender should complete the remainder of this form.

How long have you known the applicant? _____ In what capacity? _____

Please rate the applicant relative to other students in the same field in recent years:

	Excellent	Good	Fair	Poor	Unknown
Academic Attributes					
Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for research and independent study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written/spoken expression of ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suitability for Study Abroad					
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-reliance/independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tolerance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to get along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Using the back of this form or a separate sheet of paper, please comment on the applicant's suitability for studying at the Hebrew University and living in Jerusalem. *If using additional paper, please include the student's full name and social security number on each sheet.*

Signature _____ Date _____

Please return the completed form to: Canadian Friends of the Hebrew University, 3080 Yonge Street Suite 5024
Toronto, Ontario M4N 3N1 Tel: 1-888.HEBREWU or 416 485-1222 Fax: 416.485.8565 E-mail: admissions@cfhu.org



**THE HEBREW UNIVERSITY OF JERUSALEM
ROTHBERG INTERNATIONAL SCHOOL**

Report of Medical Examination

The applicant should complete this section.

PLEASE TYPE OR PRINT CLEARLY AND BRING A COPY OF THIS FORM WITH YOU TO JERUSALEM.

Name of Applicant _____ Social Insurance Number _____

Please indicate the program to which you are applying _____

Address _____

E-mail Address _____

The physician should complete the remainder of this report of medical examination.

To the examining physician - Your health evaluation is an essential part of the application for participation in study abroad programs at the Hebrew University. We require a full physical examination. Please include results of your lab work on this report; do not submit lab reports with this evaluation.

Date of Birth _____ Age _____ Gender _____

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, bronchiectasis, sinus disease) _____

E. Urinary tract diseases (nephritis, nephrosis, calculi, 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 _____

Report of Medical Examination, continued

Student's Name _____ SS# / SI# / NI# _____

O. Surgeries (list surgeries and dates. If none, write "none") _____

P. Systemic disease (juvenile rheumatoid arthritis, lupus, erythematosis) _____

Please conduct a complete examination: Height _____ Weight _____

	Normal	Deviation from Normal
Skin		
Eyes		
Ears		
Hearing		
Nose		
Teeth		
Heart		

	Normal	Deviation from Normal
Lungs		
Abdomen		
Tonsils		
Feet		
Spine		
Blood pressure		
Urinalysis (dipstick & microscopic, if indicated)		

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

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

Bearing in mind the various conditions imposed by a foreign study program (lengthy absence from home, adjustment to a foreign culture, different living conditions, educational challenges in a foreign environment, etc.), please give us your evaluation of the applicant's emotional stability. Please indicate if, to your knowledge, the applicant has been treated by a psychologist, psychiatrist, or learning disabilities specialist. In such cases, a supporting letter from the treating psychologist, psychiatrist or specialist may be requested.

Restrictions on physical activity, including exercise in a fitness facility:

None As follows: _____

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 _____

License No. _____ Date _____

Please return the completed form to: Canadian Friends of the Hebrew University, 3080 Yonge Street Suite 5024 Toronto, Ontario M4N 3N1 Tel: 1-888.HEBREWU or 416 485-1222 Fax: 416.485.8565 E-mail: admissions@cfhu.org

UNDERGRADUATE MERIT SCHOLARSHIP

A LIMITED NUMBER OF MERIT AWARDS ARE BEING OFFERED TO HIGHLY QUALIFIED CANDIDATES

This scholarship award is in the amount of \$5,000 for one year of study, and \$2,500 for one semester of study. To be considered, candidates must have completed at least three semesters of university study, have a minimum cumulative GPA of 3.8 or equivalent and must be admitted to the One Year Program for the entire academic year or the one semester option at the Rothberg International School.

APPLICATION DEADLINES

ONE YEAR PROGRAM 2007-2008: APRIL 15, 2007

SPRING SEMESTER 2008: NOVEMBER 15, 2007



THE HEBREW UNIVERSITY OF JERUSALEM
ROTHBERG INTERNATIONAL SCHOOL
DIVISION OF UNDERGRADUATE STUDIES
Application for Merit Scholarship



 Last Name

 First Name

 University at which you are currently enrolled

 Mailing Address

 E-Mail Address

 Telephone

The following materials must be received by the Division of Undergraduate Studies by the deadline date in order to process your scholarship application:

- ✓ Official transcripts of all undergraduate work completed to date
- ✓ Letter from the Registrar of each institution which you have attended stating the average GPA of your class / graduating year and your rank (top 5%, 10%, etc). If your school does not calculate this information, please have the registrar submit a letter to that effect.
- ✓ Two academic letters of recommendation – you may use the recommendations submitted as part of your program application, or you may choose to have other recommendations substitute for those already on file.
- ✓ Resume including a list of awards and honors received and publications to date
- ✓ Scholarship essay: Your statement of purpose will aid the scholarship selection committee in evaluating your application for a merit scholarship. In a statement of no more than two typed pages, please discuss your past work and preparation related to your intended field of study; how your period of study at the Hebrew University will help you meet your academic goals and/or career objectives; and how you will apply your study abroad experience to your academic work upon your return to your home institution. Please be sure to discuss achievements within your field, citing specific accomplishments, awards, recognition and leadership experience. ***The scholarship essay replaces the personal statement on the undergraduate application for admission.***

Please list the name and institution of each person who will be sending a recommendation on your behalf:

1. Name: _____ Institution: _____

2. Name: _____ Institution: _____

I certify that the information given here is accurate to the best of my knowledge.

Signature _____ Date _____

Submit this form and all accompanying documents to:
 Division of Undergraduate Studies • Boyar Building Room 426 • Jerusalem, Israel 91905
 Tel: (972-2) 588-2610 • Fax: (972-2) 588-2363 • E-mail: undergrad@mscc.huji.ac.i

HEBREW UNIVERSITY OF JERUSALEM
Rothberg International School

Dorm Reservation Form

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

- Dormitory rooms are assigned on a first-come, first-served basis to students who request a room and submit the dormitory deposit by the deadlines listed below.
- Students with special needs are strongly encouraged to make the University aware of their needs early in the housing assignment process.
- The dormitory accommodations are generally for single rooms for full-year Division of Undergraduate and Graduate Program students and double rooms for Preparatory Year students
- Room assignments are not allocated before the dormitory registration dates that appear in our publications.
- Students arriving prior to the registration dates or who expect to arrive in Jerusalem after 2:30 PM on the days of registration must find alternate arrangements for the night.

Note: Towels, bedding and house wares are not provided by the dormitories but may be purchased locally.

NAME _____ AGE _____ SEX _____

STUDENT NO. _____ ACADEMIC PROGRAM _____

HOME ADDRESS _____

_____ E-MAIL ADDRESS _____

TEL. NO. _____ APPLICATION DATE _____

SHABBAT OBSERVANT YES NO

SMOKING YES NO

SPECIFIC ROOMMATE REQUEST: _____
Name Program

I WISH TO RESERVE A DORM SPACE FOR (Check all that Apply)

- JERUSALEM ULPAN
- SUMMER ULPAN
- ACADEMIC YEAR
- AUTUMN SEMESTER
- WINTER ULPAN
- SPRING SEMESTER

Dormitory Reservation Deadlines:

Jerusalem Ulpán	May 15 th
Summer Ulpán	July 1 st
Autumn Semester / Academic Year	August 31 st
Winter Ulpán / Spring Semester	December 31 st

This form, accompanied by the \$75 dormitory deposit must be returned to: