THE HEBREW UNIVERSITY OF JERUSALEM ROTHBERG INTERNATIONAL SCHOOL

Confidential Letter of Recommendation

The applicant should complete this section. PLEASE TYPE OR PRINT CLEARLY.

Last Name	First Name Mi	ddle Initial	Social Insuranc	e No.	E-mail Add	dress
	Undergraduate Study Ab (USAP)	road Programs	Freshma	n Academio	c/Gap Prog	rams (FAGP
Please indicate the program to which you are applying:	□ Full-Year		🗖 Full-Y	ear		
	□ Fall Semester Option		□ Fall Semester Option			
	□ Spring Semester Option		□ Spring Semester Option			
	□ Spring in Jerusalem			□ Israel University Option		
	DanceJerusalem (Year / Autumn only)		🗖 RAPP			
I hereby waive m	rs and supporting documents v y right of access to this letter of	f recommendation	on.			
Signature				Date		
Name of Recomm	nender					
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the student's full name and social security number on each sheet.

Signature _____

__Date __

Please return in a sealed envelope to the applicant or send directly to:

The Hebrew University of Jerusalem • Rothberg International School • Division of Undergraduate Studies • Boyar Building Room 426 • Mount Scopus Campus •Jerusalem, Israel 91905

Tel: (972-2) 588-2610 • Fax: (972-2) 588-2363 • E-mail: risundergrad@savion.huji.ac.il