

Application for Part-Time Program
International School
University of Haifa

Instructions

All of the following materials must be submitted before your application will be processed:

___ **Application Form**

___ **Photographs:** Two passport-size photographs (5 cm x 5 cm) with your name written on the back of each.

___ **Application Fee:** A personal, bank, or traveler's check in the amount of US \$80.00 and made payable to *The University of Haifa* needs to be included with the application. The fee can be paid in Euro or Israeli shekels for the equivalent amount.

Upon completion, all materials should be sent together to:

Admissions Office
International School
University of Haifa
Haifa 31905
Israel

Application for Part-Time Program
International School
University of Haifa

A. Introductory Information

Please indicate the semester(s) and year(s) for which you would like to apply:

Full Year 200_ - 200_ Fall 200_ Spring 200_

Please indicate the course(s) you are interested in taking:*

Hebrew Language
 Modern Standard Arabic
 Spoken Arabic
 Additional Course (please list title): _____
 Additional Course (please list title): _____

* As a part-time student you are eligible to enroll in up to two courses per semester.

Please type or print clearly:

Name (first, middle, last): _____

Age: _____ Birthday: _____ Circle one: Male Female

Permanent Address: _____

City _____ State _____ Zip _____ Country _____

Permanent Phone: _____

Current Address: _____

City _____ State _____ Zip _____ Country _____

Current Phone: _____ Cell Phone: _____

Current Address and Phone Good Until: _____

E-mail: _____ Marital Status: _____

Social Security/ID Number: _____ Israeli ID Number (where applicable): _____

Passport Number(s): _____

Countries of citizenship: _____ Place of birth: _____

High School/Secondary School Graduation Date: _____



Emergency contact (if different from above family members)

Full Name: _____

Address: _____

Phone: _____ e-mail: _____

B. Terms and Conditions

1. I understand that upon my admission to the University of Haifa, my signature on this application form constitutes an agreement between myself and the University as to the terms of my compliance with all University regulations as well as the decisions of the University authorities.
2. The University will not be liable for any accident caused to me, and I hereby waive and release the University and its respective officers, employees and agents from any and all claims for any injury, damage, loss or expense arising from
 - a. the acts of any officer, employee or agent of the University, of any participant in the Program, or any other person, firm or corporation; or:
 - b. any illness or accident suffered by me, whether the injury, damage, or loss or expense occurs during the period of my participation in the Program or while I am in transit between my home and the University.

Note: Students in the International School, like any other University of Haifa students, are insured by the University of Haifa against damage caused by negligent acts or omissions on the part of the University of Haifa or its employees, sustained either on the grounds of the University of Haifa, or while participating in activities initiated by the University of Haifa, even if they are outside the grounds of the University

3. The University is not liable for any loss or damage to my property. Therefore it is recommended that I arrange in advance of my departure, adequate insurance coverage for theft, loss or damage to any personal belongings of material value which I may take with me.
4. All students in the International School must have a valid health insurance policy for the duration of their studies in Israel. This policy may be an extension of the student's family health coverage or a policy issued by the student's home university, but must be valid for Israel.
5. I am aware of and accept the University regulations prohibiting the possession, use, sale or transmission of marijuana, hashish, or any other illicit drugs or narcotics. I understand that any student found guilty of such may be subject to unconditional dismissal from the University, without any recourse.

I certify that the information given on this application is correct to the best of my knowledge.

Signature of Student: _____ **Date:** _____

Signature of Parent or Guardian (for students under age 18): _____ **Date:** _____