



# THE HEBREW UNIVERSITY OF JERUSALEM ROTHBERG INTERNATIONAL SCHOOL

## Division of Graduate Studies

The Division of Graduate Studies, established in 1993, is conducted under the auspices of the Faculty of Humanities, the Faculty of Social Sciences, and the Rothberg International School. The Division offers degree and non-degree options, and includes seminars and tutorials with distinguished Hebrew University faculty.

### M.A. Programmes

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The Rothberg International School offers six Master of Arts Programmes taught in English: Jewish Civilization, The Bible and Its World, Religious Studies, Islamic and Middle Eastern Studies, Society and Politics in Israel, Jewish Education, and .Community Leadership and Philanthropy Studies. Each programme extends over two years.

### Graduate Year Programmes

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#### Visiting Students

Students who have not yet begun a graduate programme, but hold an undergraduate degree, are considered to be "Visiting Students".

#### Visiting Graduates and Research Students

Students who are studying toward, or have received, a Master's or Doctoral Degree are considered "Visiting Graduate Students" and "Visiting Research Students," respectively.

All Visiting Students, Visiting Graduates and Research Students are normally expected to study for a full academic year but may opt to enrol for one semester only. They are encouraged to study Hebrew intensively and are offered graduate and undergraduate course options, seminars, and research tutorials designed to deepen their knowledge in their chosen field.

#### Visiting Research Fellows

"Visiting Research Fellows" are advanced doctoral candidates who have completed their course work and are working full-time on their dissertations. They enjoy student privileges, including use of the libraries and academic advising. Payment of a supplementary fee entitles Visiting Research Fellows to an advanced research tutorial.



# THE HEBREW UNIVERSITY OF JERUSALEM ROTHBERG INTERNATIONAL SCHOOL

British Friends of the Hebrew University  
126 Albert Street  
London NW1 7NE England  
E-mail: [students@bfhu.org](mailto:students@bfhu.org)  
Tel.: 020 7691-1478,  
Fax: 020 7691-1501  
Web: [www.bfhu.org](http://www.bfhu.org)

## Division of Graduate Studies Application Instructions for Students from the United Kingdom

The following materials are required to process your application. Applications will not be processed until **ALL** application materials are received. It is strongly recommended 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)
- Three passport-size photographs (affix to each application form with your name and social security number written on the back of each photo)
- Two Official (sealed) transcripts** from **each** post-secondary institution attended (If the name on the academic records differs from the name on the application form, please submit an official document authenticating your name change.)
- DOCUMENTATION (e.g. Transcripts and/or certificate, syllabi, Letter from Instructor) attesting to the fulfillment of the language requirement in Biblical Hebrew or Literary Arabic for students applying for the M.A. in the Bible and Its World or Islamic and Middle Eastern Studies
- Two confidential letters of recommendation from faculty members who have firsthand knowledge of your academic abilities (sealed)
- Two copies of your current curriculum vitae detailing academic honours, published materials, extracurricular or community activities, foreign study, and recent employment experience
- Two copies of your Personal Statement (see application)
- Two photocopies of your passport (inside identification page) and Israeli Identity Card, if applicable
- Two copies of the Hebrew Placement Exam Answer Sheet(s)
- Two copies** of the medical examination report (Your doctor should include the results of your lab work on this report. Do not submit your lab reports with your application.)
- A bank check or money order in **Sterling** payable to *BFHU* for the **application fee of £35**. Please be sure **your name appears on the cheque**. [Late applications may only be submitted with the approval of an Admissions Officer and the payment of the late application fee]

### DEADLINES

Students are encouraged to submit applications as early as possible. The admissions committee begins making decisions on full-year and autumn semester applications at the end of January and on spring semester applications in September. Decisions are made on a rolling basis thereafter. Late programme applications may only be submitted with the approval of an Admissions Officer and must be accompanied by a late fee of \$25. Late applications for Financial Aid or Fellowship programmes will not be accepted. All application forms and supporting credentials must be received **by the Student Department at the BFHU by the following deadlines:**

M.A. and Visiting Graduate year programmes.....**March 15, 2007**  
Financial aid, merit fellowship for fall and full-year programmes.....**March 15, 2007**  
**(Applications for BFHU scholarships will be considered every two months)**  
Spring semester programmes and financial aid .....**November 15, 2007**

**TRANSCRIPTS:** Submit complete, up-to-date transcripts that reflect all undergraduate and graduate academic work. Students who have attended more than one college or university must submit an **official transcript** from each institution attended.

**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.

**HEBREW PLACEMENT EXAM:** The exam is included with the application packet and is online as a separate download. It 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 answer sheets must be included with the application materials, even for those students who do not know any Hebrew.

**FINANCIAL AID:** Information may be found at [www.bfhu.org](http://www.bfhu.org) or requested from [students@bfhu.org](mailto:students@bfhu.org) or 020 7691-1478.

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**SUBMIT ALL FORMS AND DOCUMENTS**, including the £35 application fee  
Student Department  
British Friends of the Hebrew University  
126 Albert Street  
London NW1 7NE England

<p>Please note that this application is only for students from the United Kingdom. All other students should contact the appropriate Rothberg International School office <a href="http://overseas.huji.ac.il/directory.asp">http://overseas.huji.ac.il/directory.asp</a> prior to application.</p>
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**THE HEBREW UNIVERSITY OF JERUSALEM  
ROTHBERG INTERNATIONAL SCHOOL**

**Application for Admission**

Attach three photos here with your name and Social Security number on the reverse

**PLEASE READ THE INSTRUCTIONS AND REVIEW THIS FORM PRIOR TO COMPLETION.**

**PLEASE INDICATE THE PROGRAMME TO WHICH YOU ARE APPLYING:**

GRADUATE PROGRAMMES	Two-year M.A. Degree Programmes		OR	Year / Semester Programmes
	<input type="checkbox"/> Jewish Civilization	<input type="checkbox"/> Society and Politics in Israel		<input type="checkbox"/> Visiting Student
<input type="checkbox"/> Religious Studies	<input type="checkbox"/> The Bible and Its World	<input type="checkbox"/> Visiting Graduate Student		
<input type="checkbox"/> Islamic/ME Studies	<input type="checkbox"/> Jewish Education	<input type="checkbox"/> Visiting Research Student		
<input type="checkbox"/> Community Leadership and Philanthropy Studies		<input type="checkbox"/> Visiting Research Fellow		

**ANTICIPATED PERIOD OF STUDIES:**

*(Note: Applications for the M.A. programmes are not accepted for spring semester admission. Candidates admitted to an M.A. degree programme must plan on spending two full academic years in the programme.)*

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

National Insurance No

**PERMANENT MAILING ADDRESS FOR ALL CORRESPONDENCE**

Number

Street

City

County




Postal Code

Country

Previous Family Name

Telephone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**ADDRESS IN ISRAEL (IF APPLICABLE)** c/o First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Postal Code מיקוד

City עיר

Number מספר

Street

רחוב

**PERSONAL INFORMATION**

**STATUS IN ISRAEL (IF KNOWN):**

- Citizen /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  
Month Day Year

Last Country of Schooling \_\_\_\_\_ Country of Birth \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed Number of Children: \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION**

**Father** Title \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Post Code \_\_\_\_\_ Home Telephone \_\_\_\_\_

**Mother** Title \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

If this address is the same as the address above, please check here:

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Post Code \_\_\_\_\_ Home Telephone \_\_\_\_\_

Father Day Phone \_\_\_\_\_ Mother Day Phone \_\_\_\_\_

Father E-mail \_\_\_\_\_ Mother E-mail \_\_\_\_\_

Father Mobile Phone \_\_\_\_\_ Mother Mobile Phone \_\_\_\_\_

Father Country of Birth \_\_\_\_\_ Mother Country of Birth \_\_\_\_\_

Students who wish to include their parents on our mailing list for periodic programme updates should check here:

**EMERGENCY CONTACT**

*If you would like us to use the contact below in place of your parent or guardian, please check here:*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to You \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile number \_\_\_\_\_ 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	Degree	Dates of Attendance	Date of Graduation	Result

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:

### STANDARDISED EXAM RESULTS

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:			

APPLICANTS FOR THE M.A. PROGRAMMES IN THE BIBLE AND ITS WORLD OR ISLAMIC AND MIDDLE EASTERN STUDIES

LANGUAGE	UNIVERSITY	NUMBER OF SEMESTERS	COMMENTS
Biblical Hebrew			
Literary Arabic			

**SURVEY INFORMATION**

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

- A friend told me about the programme
- I met your representative at \_\_\_\_\_
- I saw an advertisement for the programme in a newspaper  
Name of Publication: \_\_\_\_\_
- I received information through my campus study abroad office
- I received information from my campus J-Soc
- I received information from UJS
- A professor or advisor recommended the programme  
Name: \_\_\_\_\_
- I saw the Rothberg International School web page
- I found the programme 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 madrich/a?  Yes  No If yes, which movement? \_\_\_\_\_

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

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

**PREVIOUS OR CURRENT STUDIES IN ISRAEL**

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

Programme	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:**

First Name	Last Name	Programme	Year	Relationship to You

**(OPTIONAL): ARE YOU APPLYING TO OTHER STUDY ABROAD PROGRAMMES?  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.

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### STATEMENT OF PURPOSE

Please provide a succinct statement (300-500 words) concerning your past work and preparation related to your intended field of study, your academic plans for graduate study at the Hebrew University, and your subsequent career objectives. Please use a separate page.

### 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**

*Confidential Letter of Recommendation*

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

**Name of applicant:**

\_\_\_\_\_  
Last Name                                      First Name                                      Middle Initial                                      National Insurance  
No

Please indicate the program to which you are applying:

GRADUATE PROGRAMMES	Two-year M.A. Degree Programmes		OR	Year / Semester Programmes
	<input type="checkbox"/> Jewish Civilization	<input type="checkbox"/> Society and Politics in Israel		<input type="checkbox"/> Visiting Student
	<input type="checkbox"/> Religious Studies	<input type="checkbox"/> The Bible and Its World		<input type="checkbox"/> Visiting Graduate Student
	<input type="checkbox"/> Islamic/ME Studies	<input type="checkbox"/> Jewish Education		<input type="checkbox"/> Visiting Research Student
	<input type="checkbox"/> <i>Community Leadership and Philanthropy Studies</i>			<input type="checkbox"/> <i>Visiting Research Fellow</i>

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

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.**

1. How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

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

	Fair (Lowest 75%)	Good	Excellent (Highest 10%)	Unable to judge
Academic Performance	_____	_____	_____	_____
Intellectual Potential	_____	_____	_____	_____
Motivation	_____	_____	_____	_____
Potential for Research and Independent Study	_____	_____	_____	_____

3. 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 on each sheet.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return in a sealed envelope to the applicant or send directly to:  
British Friends of the Hebrew University, Student Dept. 126 Albert Street London NW1 7NE England  
Tel.: 020 7691-1478, Fax: 020 7691-1501 E-mail: [bstudents@bfhu.org](mailto:bstudents@bfhu.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                      National Insurance No.

Please indicate the program to which you are applying:

GRADUATE PROGRAMMES	Two-year M.A. Degree Programmes		OR	Year / Semester Programmes
	<input type="checkbox"/> Jewish Civilization	<input type="checkbox"/> Society and Politics in Israel	OR	<input type="checkbox"/> Visiting Student
	<input type="checkbox"/> Religious Studies	<input type="checkbox"/> The Bible and Its World		<input type="checkbox"/> Visiting Graduate Student
	<input type="checkbox"/> Islamic/ME Studies	<input type="checkbox"/> Jewish Education		<input type="checkbox"/> Visiting Research Student
	<input type="checkbox"/> <i>Community Leadership and Philanthropy Studies</i>			<input type="checkbox"/> <i>Visiting Research Fellow</i>

Anticipated Period of Study     Academic Year 200\_\_/\_/\_\_\_     Autumn Semester     Spring Semester

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.

1. How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

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

	Fair (Lowest 75%)	Good	Excellent (Highest 10%)	Unable to judge
Academic Performance	_____	_____	_____	_____
Intellectual Potential	_____	_____	_____	_____
Motivation	_____	_____	_____	_____
Potential for Research and Independent Study	_____	_____	_____	_____

3. 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 on each sheet.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return in a sealed envelope to the applicant or send directly to:  
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Tel.: 020 7691-1478, Fax: 020 7691-1501 E-mail: students@bfhu.org



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

***Report of Medical Examination***

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

Name of Applicant \_\_\_\_\_ National Insurance No \_\_\_\_\_

Please indicate the programme to which you are applying \_\_\_\_\_

Address \_\_\_\_\_

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**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 programmes at the Hebrew University. We require a full physical examination.

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 \_\_\_\_\_

O. Surgeries (list operations 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		
Lungs		
Abdomen		

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

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

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

Bearing in mind the various conditions imposed by a foreign study programmeme (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.

\_\_\_\_\_  
\_\_\_\_\_

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:**

British Friends of the Hebrew University, Student Dept. 126 Albert Street London NW1 7NE England  
Tel.: 020 7691-1478, Fax: 020 7691-1501 E-mail:students@bfhu.org

**Modern Hebrew Courses Registration Form  
Division of Graduate Studies**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Hebrew University Student Number \_\_\_\_\_

Academic Year \_\_\_\_\_

**I wish to register for the:**

- Jerusalem Ulpan
- Summer Ulpan
- Autumn Semester course
- Winter Ulpan (for spring semester students only)
- Spring Semester course

All students registered in full-time semester or year graduate programs must pay separately for the Jerusalem, Summer or Winter <i>Ulpanim</i>
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Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return the completed form to:**

British Friends of the Hebrew University, Student Dept. 126 Albert Street London NW1 7NE England  
Tel.: 020 7691-1478, Fax: 020 7691-1501 E-mail: [students@bfhu.org](mailto:students@bfhu.org)

**HEBREW UNIVERSITY OF JERUSALEM**  
**Rothberg International School**

**Dorm Reservation Form**

*This form must be accompanied by the 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: \_\_\_\_\_  
NameProgram

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:**

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

**Please return the completed form to:**

British Friends of the Hebrew University, Student Dept. 126 Albert Street London NW1 7NE England  
Tel.: 020 7691-1478, Fax: 020 7691-1501 E-mail: [students@bfhu.org](mailto:students@bfhu.org)