



Office of the National Registrar
Application for Non-Degree Graduate Study

Please complete and submit according to instructions printed on the second page of this form.

Campus	Non-degree area of study	
Last Name	First	Middle
Phone Number ()	Email Address	
Term/Year <input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer _____		
Social Security Number (optional unless applying for financial aid)	Date of Birth	
Student Ethnic Data:		
(Optional. The following information is requested for statistical reporting purposes only, and will not be used as a selection criteria for admission)		
<input type="checkbox"/> African-American	<input type="checkbox"/> Alaskan Native or American Indian	
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Caucasian	
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other _____	
Gender:		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other <input type="checkbox"/> Transgender <input type="checkbox"/> Undisclosed

Academic Information

Are you currently enrolled as a degree-seeking student? If so where?	
Are you a graduate of another institution of higher education? If so where?	
Degree Earned:	
Degree Expected:	Month / Year
Are you an alumnus of Hebrew Union College – Jewish Institute of Religion?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a felony?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been dismissed from a college for disciplinary reasons?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No



Registration

Dept.	Course #	Section #	Course Title	Instructor	*Audit Credit	Pass/Fail or Letter Grade

* You must indicate if you would like to take this course for audit or credit.

I certify that the information provided in this application is true and complete to the best of my knowledge. I am aware that if the information provided in this application proves to be inaccurate, I may not be admitted to graduate study and/or my registration will be terminated.

Student Signature	Date
Instructor Signature	Date
Director of Program	Date

Instructions for Application to Non-degree Graduate Study

Payment:

Tuition for Non-Degree seeking students please obtain costs from the Student Billing web page, Tuition & Fees Policy.

Tuition & Fees: <http://huc.edu/admissions/student-billing>

Please attach a check for the appropriate amount with your application. If you prefer to -pay by credit card over the phone, please contact Stacey Roper, Student Accounts Administrator, at 513-487-3213 or complete the credit card information below.

All applications must include payment or have been paid (credit card over the phone) to be processed.

Credit Card (we accept MasterCard, Visa, Discover and American Express)

Name as it appears on the card

Card Number

Expiration Date

Forward this application and payment to:

**Office of the National Registrar
Hebrew Union College-Jewish Institute of Religion
3101 Clifton Avenue
Cincinnati, Ohio 45220
Fax Number: 513-221-2531**



PERSONAL DATA & EMERGENCY CONTACT INFORMATION FORM
For Part-Time Students

A - PERSONAL DATA

This form will be placed in your file and will also be kept in a backup location in the event of an emergency.

Semester Date: _____

1. Name: _____

2. Home Address, City, State, Zip:

3. Home Phone: _____ Cell Phone: _____

4. Date of Birth: (mm/dd/yy) _____ Social Security #: _____

5. Alum Student

6. Department: _____ Director: _____

7. Class _____

B - MEDICAL BACKGROUND:

In the event of an evacuation, would you need assistance? No Yes

If yes, what type of assistance would you need?

List any medical conditions:



C - EMERGENCY CONTACT(S)

Contact One

Name: _____

Address, City, State and Zip:

Phone numbers with area code - Home: (____) _____ Work: (____) _____

Cell: (____) _____ Email: _____

Contact Two

Name: _____

Address, City, State and Zip:

Phone numbers with area code - Home: (____) _____ Work: (____) _____

Cell: (____) _____ Email: _____

In an emergency we will contact the person(s) whose name(s) you provide in the **Emergency Contact Section**. Please notify your emergency contact(s) about this designation.

In the event of an emergency, I authorize release of the above information:

Signature: _____ Date: _____

All information is kept strictly confidential