

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

Cost per credit hour:

	<u>For Credit</u>	<u>Auditor</u>
Student:	\$1200	\$600
HUC-JIR Alumni	\$600	\$300

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