

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	
<p style="text-align: center;">Student Ethnic Data:</p> (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 _____		
<p style="text-align: center;">Gender:</p> <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:**Non-Degree Students and Auditors

For Credit \$1,500 per credit hour
 For Audit \$750 per credit hour

HUC-JIR Alumni and URJ Employees

For Credit \$900 per credit hour
 For Audit \$450 per credit hour

- Tuition is subject to change:

For detailed information on Tuition & Fees, visit <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

 CVV Code

**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