

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