



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.

<b>Campus</b> <b>Non-degree area of study</b>
<b>Last Name</b> <b>First</b> <b>Middle</b>
<b>Phone Number (     )</b> <b>Email Address</b>
<b>Term/Year</b> <input type="checkbox"/> <b>Fall</b> _____ <input type="checkbox"/> <b>Spring</b> _____ <input type="checkbox"/> <b>Summer</b> _____
<b>Social Security Number</b> (optional unless applying for financial aid) <b>Date of Birth</b>
<p style="text-align: center;"><b>Student Ethnic Data:</b></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;"><b>Gender:</b></p> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Transgender <input type="checkbox"/> Undisclosed

### Academic Information

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

Part-Time for Credit (per credit hour)	\$1,800
Part-Time for Audit (per credit hour)	\$900
HUC-JIR Alumni for Credit (per credit hour)	\$1,200
HUC-JIR Alumni for Audit (per credit hour)	\$600

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  
Email: registrar@huc.edu**



**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**