

**Application for Non-Degree Graduate Study**

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

**Campus (Please check one box):**

- Cincinnati
- Jerusalem
- Los Angeles
- New York

<b>Non-degree area of study:</b>		
<b>Last Name:</b>	<b>First:</b>	<b>Middle:</b>
<b>Phone Number:</b> (    )	<b>E-mail Address:</b>	
<b>Semester/Year:</b>		
<input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer _____		
<b>Social Security Number:</b> (optional unless applying for financial aid)		<b>Date of Birth:</b>
<b>Student Ethnic Data:</b>		
(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 _____		
<b>Gender:</b> <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?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, where?	
<b>Are you a graduate of another institution of higher education?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, where?	
<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 \* You must indicate if you would like to take this course for audit or credit.**

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

*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.*

<i>Student Signature</i>	<i>Date</i>
<i>Instructor Signature</i>	<i>Date</i>
<i>Director of Program</i>	<i>Date</i>

**Instructions for Application to Non-Degree Graduate Study**

**Tuition for Non-Degree Seeking Students:**

Please visit the Tuition and Fee policy at <https://huc.edu/for-current-students/student-billing/> to obtain the current cost of attendance.

**Payment:**

Please attach a check for the appropriate amount with your application. If you prefer to pay by credit card over the phone, please contact Student Billing 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.**

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

\_\_\_\_\_  
Name as it appears on debit/credit card

\_\_\_\_\_  
Debit/Credit Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
CVV (Security) Code

\_\_\_\_\_  
Street Numbers Only of Mailing Address attached to card

\_\_\_\_\_  
Zip Code attached to card

**Forward this application and payment to:**

Hebrew Union College-Jewish Institute of Religion  
Attn: Office of the Registrar  
3101 Clifton Avenue  
Cincinnati, Ohio 45220

Fax Number: (513) 848-8321

**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 \_\_\_\_\_  
\_\_\_\_\_

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)**

**(1)**

Name: \_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_

Phone numbers with area code:

Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**(2)**

Name: \_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_

Phone numbers with area code:

Home (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

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.**