



# University of the Holy Land

*The Center for the Study of Early Christianity*

## APPLICATION FOR ADMISSION

Please print or type clearly

Date \_\_\_\_\_

### I. GENERAL INFORMATION

PASSPORT NO. \_\_\_\_\_

Legal name: \_\_\_\_\_  
Last First Middle (complete) Jr., etc. Sex

Usually called: \_\_\_\_\_ (nickname) Former last name(s) if any: \_\_\_\_\_

Permanent home address: \_\_\_\_\_  
Number and Street

\_\_\_\_\_ City or town State Zip Country

If different from above, please give your mailing address for all admission correspondence:

Mailing address: \_\_\_\_\_  
Number and Street

\_\_\_\_\_ City or Town State Zip Country

Telephone at mailing address: \_\_\_\_/\_\_\_\_ Permanent home telephone: \_\_\_\_/\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: Single \_\_\_\_ Married \_\_\_\_ Widowed \_\_\_\_ Divorced \_\_\_\_

Citizenship: \_\_\_\_\_ Ages of dependent children: \_\_\_\_\_

If admitted, will you come to Israel alone \_\_\_\_\_, with a group \_\_\_\_\_, with \_\_\_\_\_  
Spouse, Friend, etc.

Name, telephone number and complete address of nearest relative (parent or other):  
\_\_\_\_\_  
\_\_\_\_\_

How did you become acquainted with the University?  
\_\_\_\_\_

**II. ACADEMIC INFORMATION**

For details and requirements see the section "Academic Life" of the current catalog. You are required to contact the post-secondary schools concerned in regard to your academic records to be sent to the University. This should be done well in advance since *no action on your application will be taken until your academic records are complete.*

School and university record (list in order, beginning with secondary school from which you graduated, all schools you have attended, including the one you may now be attending):

School or university	City	Course of Study	Dates Attended

Degrees or diplomas awarded (beginning with matriculation examination or its equivalent):

Degree	Institution	Date Awarded	Division or class (major)

Have you ever been refused admission to or dismissed from any college, university or seminary? \_\_\_\_\_

If so, explain \_\_\_\_\_

Check the program you desire to pursue and list the year(s) of the academic term(s) in which you are interested. See Academic Calendar and Programs in the current catalog.

Programs (check one)	Academic Term	Year
_____ M.A. Program	_____ Fall semester	_____ _____
_____ M.Th.S. program	_____ Spring semester	_____ _____
_____ Graduate program (non-degree)		
_____ Undergraduate program (non-degree)		

**III. FACILITY IN LANGUAGES**

What is your mother tongue? \_\_\_\_\_ If not English, how many years of formal instruction in English have you had? \_\_\_\_\_ Where and when (gives dates and names of school) \_\_\_\_\_  
 \_\_\_\_\_ Have you taken the TOEFEL exam? \_\_\_\_\_ If yes, what was your score? \_\_\_\_\_

If your native language is not English and you have not taken the TOEFEL, you may be required to demonstrate your proficiency in English.

**IV. AUTOBIOGRAPHICAL STATEMENTS**

Two separate statements reflecting serious preparation (not over 400 words each)) are to be filed with this application.

1. Your personal history and aspirations: *Family background, marital status, occupation, employment or business experience (kind and dates), educational history, travel experience, special interests, vocational, educational and professional objectives, reasons for desiring to study in Israel.*
  
2. Information pertaining to your religious experience: *Evaluate your ability to live within a multi-religious and multi-cultural environment, define your Christian experience, Christian service activities, church membership, licensure or ordination, if any.*

**V. REFERENCES**

Fill in names and complete addresses of your references. Please type or print clearly.

Name	Complete Address
School dean or professor _____	_____
Pastor or minister _____	_____
Business or professional _____	_____

**VI. MEDICAL EXAMINATION AND INSURANCE**

Medical examination forms will be sent to you when this application is received by the University office. Each student is required to carry hospital and accident insurance for the period of study at the University. Please complete the following:

I am requesting my insurance company to send to your Jerusalem office by *air mail* a certified letter stating that my coverage is valid while traveling to and from Israel and specifically for the duration of my stay in Israel. As I wish to follow this second alternative I agree to bring sufficient funds to cover hospitalization bills incurred until I can recover these expenses from my insurance company (in Israel hospital bills must be paid fully in cash before the patient is discharged. The University is NOT liable to cover these expenses.) The name of my insurance carrier is:

\_\_\_\_\_

**VII. FINANCIAL INFORMATION**

See catalog for a current list of fees and expenses.

Do you already have adequate funds for:

Your proposed period of study at the University? \_\_\_\_\_ Your travel to and from Israel? \_\_\_\_\_

Amount budgeted for educational needs: \_\_\_\_\_ For travel: \_\_\_\_\_

Are you being supported by any organization? \_\_\_\_\_ If so, what is the name of the organization?

\_\_\_\_\_ If additional funds are needed, how do you plan to obtain them (sources, dates, etc.)? \_\_\_\_\_

**VIII. WAIVER OF RESPONSIBILITY**--will be sent to you upon receipt of your application.

**IX. STATEMENT OF STANDARDS**--will be sent to you upon receipt of your application.

**X. PHYSICAL EXAMINATION FORM**--will be sent to you upon receipt of your application.

**XI. FEES**

Application: \_\_\_\_\_ (U.S.), not refundable, to accompany this application

**XII. PHOTO IDENTIFICATION**

Two photographs should be enclosed with this application form.

If admitted, I agree to comply with the rules and regulations which may be in force during my enrollment. To the best of my knowledge, the above information is complete and correct.

Date \_\_\_\_\_ Signature \_\_\_\_\_

The UNIVERSITY OF THE HOLY LAND does not discriminate on the basis of sex, race, color or ethnic origin and most handicaps. However, the course work may not be feasible for those with certain disabilities.

Office located at 1104 HaRozmarin, Jerusalem Mailing Address: POB 24084, Jerusalem, 91240 Tel: 972 2 645-3570 Fax: 972 2 645-3621 E-mail: csec@netvision.net.il Webpage: www.uhl.ac
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