



# University of the Holy Land

The Center for the Study of Early Christianity

## APPLICATION FOR ADMISSION

PLEASE NOTE: **Entire application must be filled out.** If something does not apply to you, please fill in with "NA". Due to volume of applicants, **incomplete applications will not be considered.** Thank you.

DATE: [Enter Date](#)

### PROGRAM

Check the program for which you are making application.  
See Academic Calendar and Programs in the current catalog.

**Photo**  
Send digital copy of photo with application to registrar@uhl.ac

- Master of Arts | [Area of Specialization](#)
- Master of Divinity
- Master of Theological Studies
- Sabbatical Program
- Doctorate [Research] | [Area of Specialization](#)
- Continuing Education [Full Time] |  Credit |  Audit  
minimum of 12 credit hours per semester
- Preparation Program

I am applying for entrance starting: | [CHOOSE](#) | [YEAR](#)

### I. GENERAL INFORMATION

Legal Name:

Title	Family Name	First Name	Middle Initial
<i>Also known as :</i>			
Nickname	Former Last Name	Marital Status	
Country of Citizenship	Passport Number	Date of Birth	Israeli ID
Spouse Name	Passport Number	Date of Birth	Israeli ID
Dependent(s)	Ages	First Name[s]	

If admitted, you will come to Israel:  by yourself  in a group  
 with your family  with a friend

Address (Abroad):

Street Number	Street Name	City	State / Province
Country	Post Code	Telephone	
E-mail 1:		E-mail 2:	

Address (Israel):

Street Number	Street Name	City	Post Code
E-mail 1:	E-mail 2:	LOCAL Telephone	Cellphone

Nearest Relative:

\_\_\_\_\_

**OFFICE ADDRESS**  
1104 HaRozmarin Street  
Jerusalem 93758 ISRAEL  
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Fax 1 877 822 6418

Name		Relationship	
Street Number	Street Name	City	State / Province
Country	Post Code	LOCAL Telephone	Cellphone
E-mail 1:		E-mail 2:	

**Previous Visits to Israel:**

Date from / Date to	Visa Type (Student, Tourist, etc)
Date from / Date to	Visa Type
Date from / Date to	Visa Type
Date from / Date to	Visa Type

**II. ACADEMIC INFORMATION**

*For detailed academic information, see the section "Admissions Policy" in the current Catalog.*

It is your responsibility to contact the post-secondary schools you have attended and to request official academic transcripts be sent directly to the Registrar at UHL. This should be done well in advance as **no action will be taken on your application until all required academic records and signed documents have been received.**

*Educational background, beginning with the most recent institution:*

**School/University**

Name of Institution			
Degree Awarded	Date Awarded	Division   Class   Major	
Street Number	Street Name	City	State / Province
Country	Post Code	Telephone	

**School/University**

Name of Institution			
Degree Awarded	Date Awarded	Division   Class   Major	
Street Number	Street Name	City	State / Province
Country	Post Code	Telephone	

**School/University**

Name of Institution			
Degree Awarded	Date Awarded	Division   Class   Major	
Street Number	Street Name	City	State / Province
Country	Post Code	Telephone	

**School/University**

Name of Institution			
Degree Awarded	Date Awarded	Division   Class   Major	
Street Number	Street Name	City	State / Province
Country	Post Code	Telephone	

Have you ever been refused admission or expelled from any college, university or seminary?  YES  NO  
If yes, explain:

### III. LANGUAGE PROFICIENCY

What is your mother tongue? If not English, how many years of formal instruction in English have you had?

*If your native language is not English, you will be required to demonstrate your proficiency in English. If you have taken the TOEFEL examination, please provide your score below.*

#### School/University

Name of Institution

TOEFEL Score | Date Awarded | Years of Study | Years to Complete

### IV. MEDICAL EXAMINATION AND INSURANCE

A letter from your physician stating that you are in good health and able to participate in the physical demands of on-site field trips is required and must accompany this application form.

In Israel, hospital bills must be paid fully by cash or credit card before the patient is discharged. All students at the University of the Holy Land must have health and accident insurance coverage for the duration of their studies. Insurance may be provided by a foreign carrier (i.e., from the student's home country) or may be purchased from one of the Israeli health insurance providers. The names, contact numbers and applications for the local providers are available in the UHL office. Please indicate below the type of coverage you will have:

\_\_\_\_. *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.*

\_\_\_\_. *I wish to purchase Israeli health insurance. I agree to bring sufficient funds to cover hospitalization bills. I fully understand that hospital bills must be paid in full by cash or credit card before the patient is discharged. The University of the Holy Land will not cover health-associated expenses including hospitalization or use of emergency services.*

**PLEASE NOTE:** *If you choose to purchase health insurance from an Israeli provider after your arrival, you are required to purchase travel insurance to cover any health or accident related costs in the interim. You must provide the UHL office with proof of travel insurance in order for us to process your visa request.*

#### Insurer:

Company/Insurer

Policy Number

Street Number

Street Name

City

State/Province

Country

Post Code

LOCAL Telephone

Cellphone

EMAIL 1:

Agent/Point of Contact

**V. AUTOBIOGRAPHICAL STATEMENT – PERSONAL HISTORY**

Write approximately 400 words detailing life experiences that you feel have prepared you for graduate-level studies.

*Include: family background, marital status, employment or business experience (kind and dates), travel experience, and special interests. Also, include vocational, educational, and professional objectives, and reasons for studying in Israel.*

## **VI. AUTOBIOGRAPHICAL STATEMENT – RELIGIOUS BACKGROUND**

*Write approximately 400 words pertaining to your religious background.*

*Include a self-evaluation of your ability to live within a multi-religious and multi-cultural environment. Describe your Christian experience, Christian service activities, church membership, licensure or ordination (if applicable).*

## **VII. STATEMENT OF INTENT**

In the space below, or on an attached sheet, please provide a brief, typed statement of your reasons for pursuing doctoral studies. Include your educational and professional objectives and any other information that you believe will aid the Admissions Committee in reaching a decision. Please confine your statement to the space below or its equivalent.

### VIII. REFERENCES

Select and contact three references. Request them to send their recommendations directly to the Registrar at UHL. References may be sent by EMAIL (registrar@uhl.ac), FAX or POST. References must bear an original signature. Current UHL students are not valid references.

**Reference 1:**

Name		Relationship	
Street Number	Street Name	City	State/Province
Country	Post Code	LOCAL Telephone	Cellphone
E-mail 1		E-mail 2	

**Reference 2:**

Name		Relationship	
Street Number	Street Name	City	State/Province
Country	Post Code	LOCAL Telephone	Cellphone
E-mail 1		E-mail 2	

**Reference 3:**

Name		Relationship	
Street Number	Street Name	City	State/Province
Country	Post Code	LOCAL Telephone	Cellphone
E-mail 1		E-mail 2	



## IX. FINANCIAL INFORMATION

Please answer the following concerning your ability to provide adequate funding for your education and sustenance while studying at the University of the Holy Land.

Do you have adequate funds for the projected budget below?	<input type="checkbox"/> Yes   <input type="checkbox"/> No
Will you be supported by an organization?	<input type="checkbox"/> Yes   <input type="checkbox"/> No
Name of organization that will support you financially.	
If additional funds are needed, how will you obtain them?	

The following worksheet is a list of typical expense categories that you may use to estimate the funds necessary to meet your (and your family's) financial obligations. Please see the Schedule of Fees for current tuition costs.

Item	Description	Estimated Yearly Cost [USD]
I.	UHL Tuition	\$
II.	UHL Fees (Field Trips, Library, Student Activity)	\$
III.	Textbooks	\$
IV.	School/Office Supplies	\$
V.	Travel (to and from Israel)	\$
VI.	Room (including utilities)	\$
VII.	Board	\$
VIII.	Transportation (in Israel)	\$
IX.	Visa and/or Legal Fees	\$
X.	Entertainment	\$
XI.	On-going expenses in home country (house, etc.)	\$
XII.	Other:	\$
	<b>TOTAL</b>	<b>\$</b>

**X. WAIVER OF LIABILITY**

The Waiver of Liability must be included with this application.

**XI. AFFIRMATION OF LEGALITY**

This form affirms that any previous travel and presence in and out of Israel was legitimate and conducted in compliance with the laws of the State of Israel and must be included with this application.

**XII. FEES**

A non-refundable application fee of USD \$75.00 must accompany this application.

*This payment can be made by cash, check, wire transfer or through the UHL website www.uhl.ac. For assistance, please contact the UHL Office.*

**XIII. PHOTO IDENTIFICATION**

Please enclose two passport-size photographs with this application.

**XIV. AUTHORIZATION**

*I declare that the information provided by me in this application is complete and I understand that it will be used in the evaluation process. I also declare that I have not committed any criminal offense or any act directed against the Jewish people or the security of the State of Israel and that I am not infected with any illness which might endanger public health. There is no judicial warrant of arrest against me and I am not wanted by the police of any country.*

*If admitted, I agree to comply with the rules and regulations of the University of the Holy Land as outlined in the Catalog.*

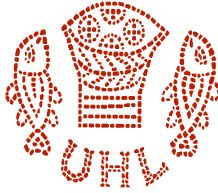
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DATE	Name/Signature	Passport Number
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**XV. HOW DID YOU LEARN ABOUT THE UNIVERSITY OF THE HOLY LAND?**

<i>Please include the contact name, if applicable.</i>	<input type="checkbox"/> Web Search	<input type="checkbox"/> UHL Alumni	
	<input type="checkbox"/> Advertisement	<input type="checkbox"/> UHL Student	
	<input type="checkbox"/> Drive-by	<input type="checkbox"/> UHL Professor	
	<input type="checkbox"/> Television	<input type="checkbox"/> Friend	
	<input type="checkbox"/> Article	<input type="checkbox"/> University	
	<input type="checkbox"/> Documentary	<input type="checkbox"/> Conference	

***The UNIVERSITY OF THE HOLY LAND does not discriminate on the basis of sex, race, color, ethnic origin, or disabilities. However, because of the physical challenges involved in some of the course work, particularly field trips that are required for course credit, the University advises careful consideration of your physical limitations state of health. The Hebrew University Campus is physically challenging for a disabled person. We welcome the opportunity to provide specific information for those with concerns.***



# University of the Holy Land

*The Center for the Study of Early Christianity*

## LIABILITY WAIVER FORM

**STUDENT'S NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**PASSPORT/ID:** \_\_\_\_\_ **COUNTRY OF ORIGIN:** \_\_\_\_\_  
**CELLPHONE:** \_\_\_\_\_ **ISRAEL TELEPHONE:** \_\_\_\_\_  
**ISRAEL ADDRESS:** \_\_\_\_\_

1. I have carefully identified, reviewed and considered the risks of living and studying in the State of Israel, by reading the most recent relevant advisory reports from my home country's Embassy or Consulate General.

2. I have verified that my health insurance is appropriate and covers both myself and any/all family members residing with me in the State of Israel while a student of the University of the Holy Land.

3. I hereby release, waive, discharge and covenant not to sue the University of the Holy Land – Center for the Study of Early Christianity (UHL), their trustees, officers, servants, assigns, agents and employees (hereinafter referred to as "releases") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me and/or my family members, or to any property belonging to me and/or my family members, while residing in Israel as a student with the UHL.

4. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, which may be sustained by me and/or my family members, or any loss or damage to property owned by me and/or my family members, while residing in Israel as a student with the UHL.

5. I further hereby agree to indemnify and save and hold harmless the release from any loss, liability, damage or costs they may incur while residing in Israel as a student with the UHL. It is my express intent that this Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named releases.

6. I understand that security conditions in Israel may change rapidly. It is my responsibility to stay informed of current events in Israel on a frequent basis, either by contacting Israel based information centers or by obtaining updated security and health information from my country of origin's Embassy or Consulate General. I also affirm that I will register with my home country's Embassy or Consulate.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**PASSPORT/ID:** \_\_\_\_\_ **COUNTRY OF ORIGIN:** \_\_\_\_\_

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## Affirmation of Legality

I, **Enter Full Name**

holder of passport number \_\_\_\_\_,  
originating from the country of \_\_\_\_\_,

do hereby declare and affirm, in accordance with the laws of the State of Israel, that I have not entered Israel illegally in the past nor have I remained in Israel illegally.

\_\_\_\_\_

I also declare that I have not committed any criminal offense or any act directed against the Jewish people or the security of the State of Israel and that I am not infected with any illness which might endanger public health. There is no judicial warrant of arrest against me and I am not wanted by the police of any country.

\_\_\_\_\_

**Signature:** \_\_\_\_\_ | **Date:** \_\_\_\_\_ | **Passport:** \_\_\_\_\_

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## **Report of Medical Examination**

**Please keep in mind that we do not accept forms completed by a relative.  
Incomplete forms will not be accepted.**

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### **The applicant should complete this section.**

**PLEASE TYPE OR PRINT CLEARLY AND BRING A COPY OF THIS FORM WITH YOU TO JERUSALEM.**

Name of Applicant \_\_\_\_\_ Passport Number \_\_\_\_\_

Please indicate the program to which you are applying \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

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### **The physician should complete the remainder of this report of medical examination.**

**To the examining physician** - Your health evaluation is an essential part of the application for participation in study abroad programs at the University of the Holy Land. We require a full physical examination. Please include results of your lab work on this report; do not submit lab reports with this evaluation.

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

#### **Past or present illnesses (Please give dates, complications, and any residual symptoms):**

A. History of heart disease (valve disorders, congenital malfunctions, etc.) \_\_\_\_\_

B. Rheumatic fever (heart involvement) \_\_\_\_\_

C. Diseases of the digestive tract: (peptic ulcer; biliary tract disease, chronic or recurrent diarrhea, severe constipation, vomiting spells, hernia, appendicitis) \_\_\_\_\_

D. Respiratory diseases (tuberculosis, asthma, chronic bronchitis, bronchiectasis, sinus disease) \_\_\_\_\_

E. Urinary tract diseases (nephritis, nephrosis, calculi, recurrent bladder or prostatic disease, history of urinary tract infection) \_\_\_\_\_

F. Disorders of menstruation (give details) \_\_\_\_\_

G. Diabetes mellitus \_\_\_\_\_

H. Hypertension \_\_\_\_\_

I. Migraine or severe headaches (dizzy spells, strokes) \_\_\_\_\_

J. Epilepsy, fainting spells, history of head injuries \_\_\_\_\_

K. Muscle disease \_\_\_\_\_

L. Allergic diseases (hay fever, food allergies). Please record causative factors \_\_\_\_\_

M. Chronic skin diseases \_\_\_\_\_

N. Severe injuries \_\_\_\_\_

O. Surgeries (list surgeries and dates. If none, write "none") \_\_\_\_\_

P. Systemic disease (juvenile rheumatoid arthritis, lupus, erythematosis) \_\_\_\_\_

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Name of Applicant \_\_\_\_\_ Passport Number \_\_\_\_\_

Please conduct a complete examination: Height \_\_\_\_\_ Weight \_\_\_\_\_

	NORMAL	DEVIATION FROM NORMAL
SKIN		
EYES		
EARS		
HEARING		
NOSE		
TEETH		
HEART		

	NORMAL	DEVIATION FROM NORMAL
LUNGS		
ABDOMEN		
TONSILS		
FEET		
SPINE		
BLOOD PRESSURE		
URINALYSIS (dipstick and microscopic, if indicated)		

1. List special dietary requirements (i.e., low sodium) \_\_\_\_\_

2. If the applicant is receiving any medication, please attach statement of such medication with dosage and instructions to keep on file.

3. Bearing in mind the various conditions imposed by a foreign study program (lengthy absence from home, adjustment to a foreign culture, different living conditions, etc.), is the applicant emotionally stable for study abroad?

r Yes r No, please describe: \_\_\_\_\_  
 \_\_\_\_\_

4. To your knowledge, has the applicant been treated by a psychologist or psychiatrist? In such cases, a supporting letter from the treating psychologist or psychiatrist may be requested.

r No r Yes, please describe: \_\_\_\_\_

5. Restrictions on physical activity, including exercise in a fitness facility:

r None r As follows: \_\_\_\_\_

I have examined the above-named applicant and consider him/her physically qualified to participate in study at the University of the Holy Land.

Name of Physician (please type or print) \_\_\_\_\_

Address of Physician \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Telephone \_\_\_\_\_

License No. \_\_\_\_\_ Date \_\_\_\_\_

**Please return the completed form to:**

University of the Holy Land · POB 24084 · Jerusalem, Israel 91240  
 Tel: (972-2) 645-3570 · Fax: (972-2) 645-3621 · E-mail: [administration@uhl.ac](mailto:administration@uhl.ac)