



**THE HEBREW UNIVERSITY OF JERUSALEM
ROTHBERG INTERNATIONAL SCHOOL**

British Friends of the Hebrew University
126 Albert Street
London NW1 7NE England
E-mail: students@bfhu.org.uk
Tel.: 020 7691-1478
Fax: 020 7691-1501
Web: www.bfhu.org.uk

**Undergraduate Programmes
Application for Admission**

Instructions

ALL of the following materials are required before your application is processed. It is strongly recommended that you keep a copy of all application materials. *Application papers and supporting documents will not be returned or transferred to any other institution.*

- ✓ Two copies of the application form [original and a photocopy]
- ✓ Three passport-size photographs [Affix to the application form with your name and phone number written on the back]
- ✓ Two official (sealed) transcripts:
One Year/Semester Programme applicants — from **each** post-secondary institution attended;
Freshman Programme, Hebrew University Gap Year (HUGY) applicants — A /As Level results
- ✓ Two sealed confidential letters of academic recommendation
- ✓ Two copies of your current *one-page* resume detailing any academic honours, published materials, extracurricular or community activities, foreign study, and recent employment experience.
- ✓ Two copies of your one-page essay [see application]
- ✓ Two photocopies of your passport (inside identification page) and Israeli Identity Card (if applicable)
- ✓ The Hebrew Placement Exam [Available as PDF download or by mail from our office]
- ✓ **Two copies** of the medical examination report [Do not send lab reports]
- ✓ A bank check or money order in **Sterling** payable to **BFHU** for the **application fee of £35**. Please be sure **your name appears on the cheque**. [Late applications may only be submitted with the approval of an Admissions Officer and the payment of the late application fee]

2007-08 DEADLINES

Students are encouraged to submit applications as early as possible. The admissions committee normally begins making decisions on completed autumn applications at the end of January and spring applications in September. Decisions are made on a rolling basis thereafter as applications are completed.

All application forms and supporting credentials, with the exception of standardized test scores, must be **postmarked** by the following dates:

Autumn and full year programmes:

Application for admission and financial aid
Application for RIS merit scholarship

April 15, 2007
March 15, 2007

Spring semester programmes:

Application for Hebrew University Gap Year
Application for OYP admission
Financial aid applications

November 15, 2007
November 15, 2007
November 15, 2007

Instructions Cont.

TRANSCRIPT: Students who have attended more than one college or university must submit two official transcripts from each institution. Transcripts must include ALL semesters that you have studied. High school sixth-formers and first-year college students must submit two official copies of their high school transcripts. Gap year applicants must submit A/As levels.

LETTERS OF RECOMMENDATION: Two confidential academic letters of recommendation must be submitted on or accompanied by the enclosed recommendation forms. Recommendations should be from *teachers, professors and/or an academic advisor who has first-hand knowledge of your academic performance*. All letters should be sealed and included with the rest of the application materials.

FINANCIAL AID: Information may be found at www.bfhu.org or requested from 020 7691-1478 or students@bfhu.org.

HEBREW PLACEMENT EXAM: The exam is available as a separate download, which includes the test and the answer sheet. As this is a test used only for placement purposes, students should answer only those questions they know. The relevant pages must be included with the application materials, even for those students who do not know any Hebrew.

SUBMIT ALL FORMS AND DOCUMENTS, including the £35 application fee to:

Student Department
British Friends of the Hebrew University
126 Albert Street
London NW1 7NE England

Please note that this application is only for students from the United Kingdom.
All other students should contact the appropriate Rothberg International School office
<http://overseas.huji.ac.il/> prior to application.



**THE HEBREW UNIVERSITY OF JERUSALEM
ROTHBERG INTERNATIONAL SCHOOL**

Attach
photograph
here with
your name
on the back

**Undergraduate Programmes
Application for Admission**

PLEASE READ THE INSTRUCTIONS AND REVIEW THIS FORM PRIOR TO COMPLETION.

PLEASE INDICATE THE PROGRAM TO WHICH YOU ARE APPLYING:

UNDERGRADUATE PROGRAMS	One Year / Semester Programme	Gap Year Programme
	<input type="checkbox"/> Full Year	<input type="checkbox"/> Full Year
	<input type="checkbox"/> Autumn Semester Only	<input type="checkbox"/> Autumn Semester Only
	<input type="checkbox"/> Spring Semester Only	<input type="checkbox"/> Spring Semester Only

ANTICIPATED PERIOD OF STUDIES:

Academic Year 200__ / __ Autumn Semester Only 200__ Spring Semester Only 200__

Family Name

First Name

Father's First Name

Israeli ID Number (*Teudat Zehut*)
(where applicable)

Passport Number

National Insurance #

PERMANENT MAILING ADDRESS FOR ALL CORRESPONDENCE

Number

Street

City

County

Postal Code

Country

Previous Family Name

Telephone _____ Mobile Phone _____

Fax _____ E-mail _____

ADDRESS IN ISRAEL (IF APPLICABLE) c/o First Name _____ Last Name _____

Postal Code מיקוד

City עיר

Number מספר

Street

רחוב

ACADEMIC BACKGROUND

List in chronological order, starting with your current enrolment, all high schools, colleges, and universities you have attended. Students who have attended more than one college or university must submit two official transcripts from each institution.

From how many institutions should we expect to receive transcripts? _____

College/University	Degree	Dates of Attendance	Date of Graduation	Results
High School	City	County	Date of Graduation	Results

If you have transferred from one school to another, please provide a brief statement concerning the reasons for your transfer.

ACADEMIC LETTERS OF RECOMMENDATION

Please list the name and institution of each person who will be sending a recommendation on your behalf.

1	Name:	Institution:
2	Name:	Institution:

STANDARDIZED EXAM SCORES

List below the score reports which you are having sent, if any. Official scores must be submitted by the appropriate testing service. List the dates for planned tests or received scores as applicable.

Exam	Date	Scores

For candidates who did not previously study at an educational institution where the language of instruction is English, list below your Test of English as a Foreign Language (TOEFL) exam score:

TOEFL: Date _____ Score _____ Computer Test Paper Test

LANGUAGE PROFICIENCY

Indicate your language proficiency (scale: excellent, good, fair, poor, none)

Language	Speaking	Reading	Writing
Hebrew			
English			
Other:			

SURVEY INFORMATION

How did you hear about the Hebrew University's Rothberg International School? (Check all that apply.)

- A friend told me about the programme.
- I met your representative at: _____
- I saw an advertisement for the programme in a newspaper or magazine. Name of Publication: _____
- I received information through my campus study abroad office.
- I received information from UJS/my campus J-Soc.
- I received information through my ROTC advisor.
- A professor or advisor recommended the programme.
- I saw the Rothberg International School web page.
- I saw the BFHU website
- I saw a poster on my campus.
- I found the programme listed on another web page. Specify: _____
- Other (please specify): _____

Were you involved in a youth movement? Yes No If yes, which one? _____

Were you a madrich/a? Yes No If yes, which movement? _____

You may circulate my name, address, and telephone number to other students accepted to Hebrew University study abroad programmes. Yes No

You may circulate my name, address, and telephone number to organizations that request information about Hebrew University students, at your discretion. Yes No

Please use the space below to add any information that you feel may be pertinent to us in evaluating your application.

PREVIOUS OR CURRENT STUDIES IN ISRAEL

(Including short-term university programs, yeshiva, youth movement courses, etc.)

Program	Dates of Attendance
Did you participate in birthright Israel? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PLEASE LIST FAMILY MEMBERS WHO HAVE ATTENDED THE HEBREW UNIVERSITY OF JERUSALEM:

Name	Program	Year	Email Address	Relationship to You

(OPTIONAL): ARE YOU APPLYING TO OTHER STUDY ABROAD PROGRAMS? Yes No IF SO, WHICH ONE(S)?

MEDICAL DATA

Please answer the questions below and submit, along with this application, the enclosed medical examination report completed and signed by your physician.

Do you have any physical, emotional, learning or medical condition that has required or still requires professional care that might limit your activity in any way? Yes No

If yes, please indicate the condition and the implications for your studies and/or daily living, and provide a letter from your treating physician indicating details of your condition and treatment and implications for your study abroad experience in Israel. **Your application will be considered regardless of any disability.**

STATEMENT OF PURPOSE

Your personal statement of 300-500 words will aid the Admissions Committee in evaluating your application. Please use a separate page.

Please respond to one of the following three questions, and be sure to relate your essay to your program of study and your academic goals.

1. Why do you wish to study abroad?
2. What are the three most important things you hope to gain from your experience in Israel?
3. Describe a recent experience, achievement, or dilemma that was profoundly meaningful to you and impacted your life. Elaborate on how it affected you.

IMPORTANT FOR ALL CANDIDATES

Attach a one-page essay in response to one of the following questions:

1. Why do you wish to study abroad?
2. What are the three most important things you hope to gain from your experience in Israel?
3. Describe a recent experience, achievement, or dilemma that was profoundly meaningful to you and impacted your life. Elaborate on how it affected you.

Have you ever applied to the Hebrew University (including Rothberg International School programmes)?

Yes No If so, in what year? _____ Were you admitted? Yes No

I waive my right to privacy regarding all financial, scholastic and/or academic documentation relevant to enrolment at the Hebrew University. I certify that all the information submitted is complete and correct, and I agree to abide by all regulations of the Hebrew University for the duration of my studies.

The Hebrew University reserves the right to take disciplinary action in connection with candidates who submit incorrect and/or fraudulent information.

Signature _____ Date _____

The only legal evidence that a student has been accepted to study at the University is an official letter of acceptance to the Hebrew University of Jerusalem issued by the Office of Academic Affairs in New York or by the Rothberg International School.



THE HEBREW UNIVERSITY OF JERUSALEM
ROTHBERG INTERNATIONAL SCHOOL

Confidential Letter of Recommendation

The applicant should complete this section. PLEASE TYPE OR PRINT CLEARLY.

Last Name First Name Middle Initial National Insurance No. E-mail Address

Please indicate the programme to which you are applying:

One Year Programmes (OYP)

- Full-Year
 Autumn Semester Option
 Spring Semester Option

Gap Year Programmes (HUGY)

- Full-Year
 Autumn Semester Option
 Spring Semester Option

*Application papers and supporting documents will **not** be returned or transferred to any other institution.*

I hereby waive my right of access to this letter of recommendation.

Signature _____ Date _____

Name of Recommender _____

Position and Title _____

Institution _____ Telephone _____

The recommender should complete the remainder of this form.

1. How long have you known the applicant? _____ In what capacity? _____

2. Please rate the applicant relative to other students in the same field in recent years:

	Fair (Lowest 75%)	Good	Excellent (Highest 10%)	Unable to judge
Academic Performance	_____	_____	_____	_____
Intellectual Potential	_____	_____	_____	_____
Motivation	_____	_____	_____	_____
Potential for Research and Independent Study	_____	_____	_____	_____

3. Using the back of this form or a separate sheet of paper, please comment on the applicant's suitability for studying at the Hebrew University and living in Jerusalem. If using additional paper, please include the student's full name and social security number on each sheet.

Signature _____ Date _____

Please return in a sealed envelope to the applicant, or send directly to:

British Friends of the Hebrew University, Student Dept. 126 Albert Street London NW1 7NE England
Tel.: 020 7691-1478, Fax: 020 7691-1501 E-mail: students@bfhu.org



**THE HEBREW UNIVERSITY OF JERUSALEM
ROTHBERG INTERNATIONAL SCHOOL**

Confidential Letter of Recommendation

The applicant should complete this section. PLEASE TYPE OR PRINT CLEARLY.

Last Name First Name Middle Initial National Insurance No. E-mail Address

Please indicate the programme to which you are applying:

One Year Programmes (OYP)

- Full-Year
 Autumn Semester Option
 Spring Semester Option

Gap Year Programmes (HUGY)

- Full-Year
 Autumn Semester Option
 Spring Semester Option

*Application papers and supporting documents will **not** be returned or transferred to any other institution.*
I hereby waive my right of access to this letter of recommendation.

Signature _____ Date _____

Name of Recommender _____

Position and Title _____

Institution _____ Telephone _____

The recommender should complete the remainder of this form.

1. How long have you known the applicant? _____ In what capacity? _____

2. Please rate the applicant relative to other students in the same field in recent years:

	Fair (Lowest 75%)	Good	Excellent (Highest 10%)	Unable to judge
Academic Performance	_____	_____	_____	_____
Intellectual Potential	_____	_____	_____	_____
Motivation	_____	_____	_____	_____
Potential for Research and Independent Study	_____	_____	_____	_____

3. Using the back of this form or a separate sheet of paper, please comment on the applicant's suitability for studying at the Hebrew University and living in Jerusalem. If using additional paper, please include the student's full name and social security number on each sheet.

Signature _____ Date _____

Please return in a sealed envelope to the applicant, or send directly to:

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**THE HEBREW UNIVERSITY OF JERUSALEM
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Report of Medical Examination

The applicant should complete this section. PLEASE TYPE OR PRINT CLEARLY.

Name of Applicant _____ National Insurance Number _____

Please indicate the programme to which you are applying _____

Address _____

E-mail Address _____

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 programmes at the Hebrew University. We require a full physical examination

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 diarrhoea, 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 prostate 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. Operations (list operations and dates. If none, write "none") _____

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

Please conduct a complete examination

Height _____ Weight _____

	Normal	Deviation from Normal
Skin		
Eyes		
Ears		
Hearing		
Nose		
Teeth		
Heart		
Lungs		
Abdomen		
Tonsils		

	Normal	Deviation from Normal
Feet		
Spine		
Blood pressure		
Electrolytes		
Tine or PPD test		
Urinalysis (dipstick and microscopic, if indicated)		

List special dietary requirements (i.e., low sodium) _____

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

Bearing in mind the various conditions imposed by a foreign study programme (lengthy absence from home, adjustment to a foreign culture, different living conditions, etc.), please give us your evaluation of the applicant's emotional stability. Please indicate if, to your knowledge, the applicant has been treated by a psychologist or psychiatrist.

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

Name of Physician (please type or print) _____

Address _____

Signature of Physician _____ Telephone _____

License No. _____ Date _____

Please return the completed form to:

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**THE HEBREW UNIVERSITY OF JERUSALEM
ROTHBERG INTERNATIONAL SCHOOL**

Study Abroad Approval Form

(For One Year/Semester Program applicants only)

Please submit this form with the accompanying application for admission.

NAME OF APPLICANT _____ NATIONAL INSURANCE # _____

E-MAIL ADDRESS _____

WILL YOUR SCHOOL PAY ANY PART OF TUITION AND FEES? Yes No

This form must be completed by the advisor, dean, registrar, or school official with the authority to approve the applicant's course of study abroad.

To the school official:

Has the applicant received the necessary approval from your institution to study abroad? Yes
 No

Will the credits earned by this student at Hebrew University be accepted toward this student's degree program?

No

Yes, if the student meets the following conditions:

Name _____ Position _____

Institution _____

Address _____

City/State/Zip _____

Telephone _____ Fax _____ E-mail _____

Signature _____ Date _____

Institutional Seal or Official Stamp

Please return the completed form to:

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UNDERGRADUATE MERIT SCHOLARSHIP

A LIMITED NUMBER OF MERIT AWARDS ARE BEING OFFERED TO HIGHLY QUALIFIED CANDIDATES

This scholarship award is in the amount of \$5,000 for one year of study, and \$2,500 for one semester of study. To be considered, candidates must have completed at least three semesters of university study, have a minimum cumulative GPA of 3.8 or equivalent and must be admitted to the One Year Program for the entire academic year or the one semester option at the Rothberg International School.

APPLICATION DEADLINES

ONE YEAR PROGRAM 2007-2008: APRIL 15, 2007

SPRING SEMESTER 2008: NOVEMBER 15, 2007

Please return the completed form to:

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Tel.: 020 7691-1478, Fax: 020 7691-1501 E-mail: students@bfhu.org



**THE HEBREW UNIVERSITY OF JERUSALEM
ROTHBERG INTERNATIONAL SCHOOL
DIVISION OF UNDERGRADUATE STUDIES
Application for Merit Scholarship**



Last Name

First Name

University at which you are currently enrolled

Mailing Address

E-Mail Address

Telephone

The following materials must be received by the Division of Undergraduate Studies by the deadline date in order to process your scholarship application:

- ✓ Official transcripts of all undergraduate work completed to date
- ✓ Letter from the Registrar of each institution which you have attended stating the average GPA of your class / graduating year and your rank (top 5%, 10%, etc). If your school does not calculate this information, please have the registrar submit a letter to that effect.
- ✓ Two academic letters of recommendation – you may use the recommendations submitted as part of your program application, or you may choose to have other recommendations substitute for those already on file.
- ✓ Resume including a list of awards and honors received and publications to date
- ✓ Scholarship essay: Your statement of purpose will aid the scholarship selection committee in evaluating your application for a merit scholarship. In a statement of no more than two typed pages, please discuss your past work and preparation related to your intended field of study; how your period of study at the Hebrew University will help you meet your academic goals and/or career objectives; and how you will apply your study abroad experience to your academic work upon your return to your home institution. Please be sure to discuss achievements within your field, citing specific accomplishments, awards, recognition and leadership experience. ***The scholarship essay replaces the personal statement on the undergraduate application for admission.***

Please list the name and institution of each person who will be sending a recommendation on your behalf:

1. Name: _____ Institution: _____

2. Name: _____ Institution: _____

I certify that the information given here is accurate to the best of my knowledge.

Signature _____ Date _____

Please return the completed form to:

**British Friends of the Hebrew University, Student Dept. 126 Albert Street London NW1 7NE England
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HEBREW UNIVERSITY OF JERUSALEM
Rothberg International School
Dorm Reservation Form

This form must be accompanied by a \$75 dormitory deposit.

- Dormitory rooms are assigned on a first-come, first-served basis to students who request a room and submit the dormitory deposit by the deadlines listed below.
- Students with special needs are strongly encouraged to make the University aware of their needs early in the housing assignment process.
- The dormitory accommodations are generally for single rooms for full-year Division of Undergraduate and Graduate Program students and double rooms for Preparatory Year students
- Room assignments are not allocated before the dormitory registration dates that appear in our publications.
- Students arriving prior to the registration dates or who expect to arrive in Jerusalem after 2:30 PM on the days of registration must find alternate arrangements for the night.

Note: Towels, bedding and house wares are not provided by the dormitories but may be purchased locally.

NAME _____ AGE _____ SEX _____

STUDENT NO. _____ ACADEMIC PROGRAM _____

HOME ADDRESS _____

_____ E-MAIL ADDRESS _____

TEL. NO. _____ APPLICATION DATE _____

SHABBAT OBSERVANT YES NO

SMOKING YES NO

SPECIFIC ROOMMATE REQUEST: _____
Name Program

I WISH TO RESERVE A DORM SPACE FOR (Check all that Apply)

JERUSALEM ULPAN

AUTUMN SEMESTER

SUMMER ULPAN

WINTER ULPAN

ACADEMIC YEAR

SPRING SEMESTER

Dormitory Reservation Deadlines:

Jerusalem Ulpán	May 15 th
Summer Ulpán	July 1 st
Autumn Semester / Academic Year	August 31 st
Winter Ulpán / Spring Semester	December 31 st

This form must be accompanied by a \$75 dormitory deposit.

Please return the completed form to:

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