



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.

Campus		Non-degree area of study	
Last Name		First	Middle
Phone Number ( )		Email Address	
Term/Year <input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer _____			
Social Security Number (optional unless applying for financial aid)		Date of Birth	
<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	

#### Academic Information

Identify the institution which will have granted your highest degree prior to enrollment:	
Institution Name	
Degree Earned	
Month	Year
<b>Have you ever studied at Hebrew Union College - Jewish Institute of Religion as a graduate student?</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

\* 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
-------------------	------

### Instructions for Application to Non-degree Graduate Study

All applicants must provide proof that tuition has been paid. Applications received without this proof will not be processed.

**Forward this application and all supporting documentation to:**

**Office of the National Registrar  
Hebrew Union College-Jewish Institute of Religion  
3101 Clifton Avenue  
Cincinnati, Ohio 45219  
Fax Number: 513-221-2531**



**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**