

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
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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
Brookdale Center
One West Fourth Street
New York, NY 10012-1186**



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