Questions:
1) Submit your questions using the information request submission form on this website. OR
2) E-mail the admissions dept. at admissions@juc.edu OR
3) If you are a student from North America, you may call our North American Office at 1-800-891-9408 or 1-815-229-5900. All other applicants please call our Jerusalem Office at 972-2-671-8628 (Note: you must dial your international long distance operator number first.)
TRANSFER APPLICATION

Semester or Year Abroad
Students from Associated Schools

RETURN THE COMPLETE PACKAGE TO:

Jerusalem University College
Office of Admissions
4249 East State St., Suite 203
Rockford, IL 61108

Please include 4 recent official passport photographs of yourself.

Date of application __________ Applying for Fall Term 20__ Spring Term 20__

Name (Dr./Rev./Mr./Mrs./Miss/Ms.) ____________________________________________
(Please Circle one) Familyname Firstname Middle name

Mailing Address _____________________________________________________________
(Street or Box) City State Postal Code Country

Telephone: home ____ work ____ Fax: ____

Current School: __________ Date of Birth: ______ Social Security Number _______

Email address: ___________________________ Denominational Affiliation: ___________

☐ Male ☐ Female Citizen of what country? ____________________________

Passport Number: __________ Issue Date __________ Expiration Date __________

Native Language: __________ TOEFL Score (if native language is not English) _______

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Family Members Accompanying You: ☐ Spouse ☐ Children (give ages please) ___________

In case of an emergency, notify: _______________________________________________

Name Address Phone number

Do you plan on registering for the Fall semester Egypt course and/or the field trip? ☐ Yes ☐ No

While attending JUC will you be a:

_____ Sophomore _____ 1st Semester _____ 2nd Semester
_____ Junior _____ 1st Semester _____ 2nd Semester
_____ Senior _____ 1st Semester _____ 2nd Semester
_____ Graduate _____ 1st Year _____ 2nd Year _____ 3rd Year

FOR USE BY ASSOCIATED SCHOOL REGISTRAR

Please write a brief statement verifying that the above applicant is a student in good academic standing at your institution, recommended by you as a qualified transfer student for Jerusalem University College and enclose a full Academic Transcript with this application. (Note: The university requests, from the Dean of Students or Student Affairs a completed reference form with notification of any disciplinary or behavioral issues in the applicant’s record which may influence his/her ability to function well in conditions of living and studying abroad. Such information will be held in strict confidence.

Applicant’s GPA Registrar’s (or Representative’s) Signature Date Seal or Stamp

Student’s Signature gives permission to release this information: __________________________ Date: __________
FEES TO ACCOMPANY THIS APPLICATION (total required is $215.00)

1. Application Fee- $50.00 (US), non-refundable
2. Tuition Deposit- $100.00 (US), refundable only to those not accepted into the program OR for those cancelling up to 30 days prior to semester start. (applicable to tuition fees)

APPLICATION PROCEDURE

1. Fill out the application form, including the Waivers of Responsibility and Release of Liability, Health Statement, TOEFL material, questionnaire, and enclose the required fees.
2. Give the application to your school’s Registrar (or Jerusalem University College Representative at your campus) to fill out his/her section and include a full Academic Transcript from your current institution and then seal the application in an envelope.
3. Post the sealed envelope to the Admissions Office, Jerusalem University College (see above address).
4. Provide the following reference forms: Academic Reference, Pastor Reference, Dean of Students Reference.

PLEASE NOTE: This application will only be processed when the complete application package is received by the Office of Admissions of Jerusalem University College. This includes all fees, photographs and all portions of this form. No partial application will be processed. Also note that while all complete applications will be processed regardless of the date received, you should complete the process 3 months prior to the semester start date desired. The university will promptly process them and inform the applicant of the decision. Those applicants requiring a visa (those not on the accompanying list) must apply for a visa at the closest Israeli consulate after receiving acceptance into the program. Jerusalem University College guarantees that applications received too late for the semester desired will be reviewed for the following semester, but not necessarily for the current semester.

I hereby certify that, to the best of my knowledge, the information contained in this application is complete and correct. I understand that in the event any of the information provided by me in this application is determined to be incorrect, the university has the right to sever immediately its relationship with me.

Date ____________ Student Signature ______________________________________________

FOR OFFICE USE ONLY

☐ Application form completed
☐ Application fee included
☐ Deposit included
☐ TOEFL Score and Agreement completed and signed (if applicable)
☐ Medical Report and Statements and Agreements completed and signed
☐ Photographs included

Comments: Decision: ____________ Date: ____________
PASTOR'S REFERENCE
(Confidential)

_________ has applied for admission at Jerusalem University College in Jerusalem, Israel. The information which you give will be treated in strict confidence and we shall appreciate straightforward answers to the following questions. Naturally we want the applicant to be a good representative abroad.

Please respond to each of the following statements, marking the extent to which you agree with each one. "5" indicates very strong agreement with the statement. "1" indicates very strong disagreement.

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Please use the space provided below to write a statement describing the applicant's characteristics that would make him/her successful in studies at JUC. Is he/she emotionally stable? Does he/she show ability to operate in diverse cultures with people from divergent backgrounds? How would you characterize his/her leadership ability?

Please circle one of the following: Highly Recommend, Recommend, Recommend with Reservations, Do Not Recommend

Name of person completing this form: ____________________________  Church ____________________________

IMPORTANT INFORMATION REGARDING ACCESS TO RECOMMENDATIONS – PLEASE READ BEFORE COMPLETING FORM
The Family Education Rights and Privacy Act of 1974 – PL98.380 opens many records for the student's inspection. The law also permits the student to waive his right to inspect or review recommendations. The student’s signature below constitutes a waiver; no signature means the student will have the right to read the recommendation.

Date _______________________  Student Signature _________________________________________________________________

ATTENTION: Having completed this reference form, please seal it in an envelope and sign your name across the seal of the envelope. Please return it then to the applicant to submit with the rest of his/her application.
ACADEMIC REFERENCE
(references from school dean, president or professor)

(Confidential)

_________________________ has applied for admission at Jerusalem University College in Jerusalem, Israel. The information which you give will be treated in strict confidence and we shall appreciate straightforward answers to the following questions. Naturally we want the applicant to be a good representative abroad.

Please respond to each of the following statements, marking the extent to which you agree with each one. 
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Please circle one of the following: Highly Recommend, Recommend, Recommend with Reservations, Do Not Recommend

Name of person completing this form: ___________________________    School ___________________________

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Date _______________________  Student Signature _________________________________________________________________

ATTENTION: Having completed this reference form, please seal it an envelope and sign your name across the seal of the envelope. Please return it then to the applicant to submit with the rest of his/her application.
has applied for admission at Jerusalem University College in Jerusalem, Israel. The information which you give will be treated in strict confidence and we shall appreciate straightforward answers to the following questions. Naturally we want the applicant to be a good representative abroad.

Please respond to each of the following statements, marking the extent to which you agree with each one. "5" indicates very strong agreement with the statement. "1" indicates very strong disagreement.

In my opinion:

- The applicant is well regarded by friends and community.
- The applicant exerts a good influence on those around him/her.
- The applicant has a good attitude toward authority.
- The applicant responds well to instruction.
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- The applicant is a strongly committed Christian.
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- The applicant shows ability to be a leader to peers.

Please comment on a separate page if needed regarding the student’s ability to accept and deal with the challenges of living, learning and serving in an emotionally and physically strenuous environment that lacks many of the conveniences with which the student may be accustomed.

Please circle one of the following: Highly Recommend, Recommend, Recommend with Reservations, Do Not Recommend

Has the applicant ever been placed on probation for violation of your institution’s student life or behavioral code? Y/N

Name of person completing this form: __________________________________________ Position _______________________________

IMPORTANT INFORMATION REGARDING ACCESS TO RECOMMENDATIONS – PLEASE READ BEFORE COMPLETING FORM

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Date _______________________ Student Signature _________________________________________________________________

ATTENTION: Having completed this reference form, please seal it in an envelope and sign your name across the seal of the envelope. Please return it then to the applicant to submit with the rest of his/her application.
1. Describe your Christian experience. What is your relationship with Jesus Christ? How does this relationship influence your involvement in church, in service and ministry opportunities, and in other activities?

2. Why do you want to attend Jerusalem University College? What goals have you set for yourself that you hope to accomplish while at JUC?

3. What are your career plans? How do you see your experiences at Jerusalem University College helping prepare you for this career?

4. List any extra-curricular activities in which you participate.

5. Have you ever been placed on probation for violation of your institution’s student life expectations or behavioral code? Y/N. If Yes, please explain.

6. The Jerusalem University College program is an intensive program that challenges students academically, socially and culturally, and provides many opportunities for personal growth and enrichment. The living and learning environment is intimate and lacks many of the amenities that are readily available in schools in more developed parts of the world. Describe both some strengths and some weaknesses that you bring to such a setting.
STATEMENTS, AGREEMENTS, RELEASE OF LIABILITY

Part A: Statement of Standards
Jerusalem University College strives to cultivate an enriched understanding of the Christian faith through a first-hand encounter with the Land, involving the language, history, and culture associated with Scriptures. It makes use of the unique resources available in Israel to fashion an education of high quality.

The Jewish and Arab cultures here differ from one another and are quite different from the Western culture of which many incoming students are a part. While the nonreligious segment of the Jewish culture has similarities with the Western culture, the Arab people—both Muslim and Christian—have very different values and norms of behavior.

In recent years the social culture in the Western world has changed so rapidly that the behavior of some students coming to the university has been detrimental to the ongoing Christian witness JUC seeks to maintain with the Jewish and Arab peoples (including those on the Institute staff). For this reason we ask that you endeavor to understand the position of the Institute in this country and agree to abide by the following university standards.

Because of the cultural mores, particularly within the Arab population, a dress standard is observed. Short shorts may not be worn at any time. Mid-thigh and walking shorts are acceptable on field trips. Slacks are generally acceptable everywhere. You represent the Institute while you are here; how you look becomes how we are viewed in the eyes of the community.

The Arab community does not have the equivalent of the word “dating” in its vocabulary. When a woman is seen with a man, it may be assumed that, if they are not married, they may be living together; therefore, the woman (unmarried) would be considered a “promiscuous woman.” With this in mind, students must be cautious in their physical contact with each other. This includes engaged couples and married couples.

With a 50+ year history of maintaining an evangelical Christian witness in this culture, we find it necessary to uphold these standards of conduct.

Agreement: By signing this agreement I recognize and certify the following: 1) Because I will be participating in a Christ-centered community in the Middle East, requiring an exemplary lifestyle in living and learning, and respect for members of this community and the surrounding cultures, I will endeavor to conduct myself in accordance with a Christ-centered life: 2) I will refrain from dishonesty, disruptive and irresponsible behavior, plagiarism, racism, drunkenness, the illicit and non-medical use of drugs, sexual harassment, promiscuity, theft or violence of any kind anywhere during the time that I am enrolled in this program. 3) I will abstain from the use of alcohol and tobacco on campus. 4) I remain subject to the standards, rules and regulations of my home institution. 5) Violation of any of these standards, or of providing false or misleading information on this application, is grounds for disciplinary action, including immediate dismissal from the program and return to my country at my own expense.

---

PLEASE DATE AND SIGN YOUR AGREEMENT WITH PART A

Part B: Disclosure Statement
Travel invariably has its hazards, especially in countries where standards of health care, sanitation, public safety and similar situations differ from those in your home country. Other complications you may encounter are changes in language, customs, culture and laws.

Jerusalem University College makes every effort to avoid unnecessary risk by trying to control travel, food service, and sanitation. The university has operated for over 40 years in the Middle East and has had few incidents and no major problems. However, the educational experience requires that we travel in the countryside where physical exertion (this is a strenuous program) and exposure to the culture are common. You should understand that this study and associated travel can be undertaken solely at your own risk.

The university is a non-profit educational institution with few assets and minimal insurance. It is essential that you have health insurance while in Israel. Hospitals will not treat a patient without proof of credit card or cash. All hospital bills in Israel must be paid in full before the patient is discharged; therefore, you must obtain insurance and acquire a means for emergency payments:

You therefore must obtain an insurance policy in your home country which will cover you while in Israel, Jordan and Egypt. Please contact your local carrier to be certain just where you stand in regard to health, accident, travel, and life insurance and
what may be required. You must have contingency funds to pay by credit card or cash should an emergency arise. A claim may then be filed with your insurance company for reimbursement of the fees.

**Agreement:** I have read the Disclosure Statement, and I understand and accept my medical responsibilities and verify that I have appropriate insurance coverage. I empower Jerusalem University College, in emergency situations, to assign me for medical treatment, even if such treatment is beyond my insurance coverage in Israel, including hospitalization (at my expense) if such is determined necessary by a medical doctor, and to return me to my home for medical treatment (also at my expense) if circumstances warrant and agree to release Jerusalem University College, its staff, administration and board of directors from any and all liability.

**Part C: Waiver of Responsibility, Release of Liability**

I will hold Jerusalem University College and its directors, employees, their families and heirs blameless in the event of cancellation or changes in travel and program schedules, or adjustment in announced fees caused by changes in air tariffs, lodging rates, or fares by those engaged for such services.

I release Jerusalem University College and its directors, employees, their families and heirs from claims of any nature incurred by me before, during or after my time in the Middle East, and from claims arising from any act involving any person, agent, or entity not a part of the university or a part of the university. I agree that, in the event of war (declared or undeclared), strike, terrorism, act of God, or emergency not under the control of the Jerusalem University College, any refund will be determined by the university on an individual basis and at the university's discretion.

**Agreement:** I have read this Waiver of Responsibility, understand its content, and accept the risks discussed. I hereby verify that good health allows me to take part in the university’s program (including hiking, bus travel, etc.), and I absolve the university of responsibility for me in the above stated areas. Furthermore, by my signature below I acknowledge that I have read both the Statement of Standards and the Disclosure Statement and agree to abide by the conditions set out in them and release Jerusalem University College, its board of directors, employees, their families and heirs form any and all liabilities.

---

**REQUIRED HEALTH STATEMENT - PART I**

Please indicate past AND present illnesses or conditions:

**Allergies**

**Amoebic dysentery**

* **Asthma**

* **Diabetes**

* **Epilepsy**

* **Foot/leg difficulties**

* **Gastro-intestinal**

* **Heart**

**Hepatitis**

* **Hypertension**

**Hypoglycemia**

**Infectious mononucleosis**

* **Kidney trouble**

* **Pregnancy**

**Malaria**

**Migraine headache**

**Paralysis**

**Pneumonia**

**Rheumatic fever**

**Tuberculosis**

**Ulcers**

**Other**

*Have you been treated in the last three years for any mental or emotional condition? _______

*Are you currently on any drug for treatment of mental or emotional condition? _______

*If your answer is yes to either of the above, please give a brief explanation and also the name, address and phone number of your physician or counselor for reference.

____________________________________________________________________________________________

____________________________________________________________________________________________

To the best of my knowledge, the above information is complete and correct.

Date ____________________________ Signature ____________________________

*PART II of the HEALTH STATEMENT is REQUIRED to be COMPLETED BY A PHYSICIAN if: a) you have had any of the illnesses marked with an asterisk (*) in the above Health Statement; OR b) you are 50 years of age or older.*
I have read the current literature from Jerusalem University College that pertains to the admission of students whose native language is not English. I understand that if my TOEFL score is 550 or above, I satisfy the English language requirement for admission, and that it will not be necessary for me to take any university-administered proficiency tests or any English language courses.

However, if my TOEFL score is between 530 and 550, I understand that I will be admitted on probation and required to take university-administered proficiency tests at a specified date before classes for the semester begin; I will be charged a fee of $50.00 if I take the tests on any day other than the specified day. Given my performance on these tests, I understand that I may be asked to take one or more non-credit English language courses, the charge for these being at the regular rate of tuition, and a correspondingly reduced academic load until my proficiency is deemed satisfactory for regular full-time study. Furthermore, I understand that any required English language courses must be completed in my first two semesters at the university. If my English language proficiency does not meet the required level within my first two semesters of study, I understand that I will be dismissed from the university.

I agree to abide by these rules of Jerusalem University College.

Date ______________  Student Signature ______________________________________________
HEALTH STATEMENT - PART II
PHYSICAL EXAMINATION FORM - (Physician)

To be completed if applicant: a) is 50 years of age or more; or b) has had any of the illnesses or conditions marked with an asterisk (*) in the REQUIRED HEALTH STATEMENT - PART I. Please print or use typewriter.

Dear Doctor: This applicant is applying for a period of study in Israel. FACILITIES HERE INVOLVE MUCH STAIR CLIMBING and our program includes SUSTAINED HIKING OVER RUGGED AND ROCKY TERRAIN. THIS IS A VERY STRENUOUS PROGRAM. Please bear this in mind when making your recommendations.

Name of Applicant: _____________________________________________________________
Height: __________________ Weight: __________________ Blood Pressure: _______________ Pulse: _______________

PHYSICAL STAMINA: ______ Excellent ______ Good ______ Average ______ Fair ______ Poor

Vision: Normal ______ Abnormal ______
Hearing: Normal ______ Abnormal ______
Heart: Normal ______ Abnormal ______
Lungs: Normal ______ Abnormal ______
Abdomen: Normal ______ Abnormal ______
Menstrual: Normal ______ Abnormal ______

LAB WORK: If indicated
Hemoglobin _____________________________
Urine (routine) __________________________
W.B.C. _________________________________
Other _________________________________

PHYSICAL ACTIVITY: Restricted ______ Unrestricted ______
Duration ______________________________
Reason for restriction ____________________

If not covered in the above, please specify the names of the injury, illness, or mental disorder for which the applicant has been under observation or has had medical or surgical advice or treatment or has been hospitalized. Please give dates of the duration of the illness or disorder and the treatment; and give final results. Specify “none” if the answer is negative. ____________________________________________________________

Recommendations: ___________________________________________________________

I have examined the above-named applicant whom I have known since ______________________

From my knowledge of his/her medical history, and as a result of my examination of him/her, it is my opinion that he/she is in good health mentally, emotionally, and physically and that he/she will be able to pursue a full course of study involving STRENUOUS, SUSTAINED HIKING OFTEN OVER RUGGED AND ROCKY TERRAIN, and SIGNIFICANT STAIR CLIMBING, at our overseas institution.

Date of physical examination ____________________________, 20 _________

Please Print: Doctor’s name ____________________________
Address ____________________________________________
City, State, Zip ______________________________________
Area Code and Telephone Number: ______________________
Doctor’s Signature __________________________________
CITIZENS FROM THE FOLLOWING COUNTRIES ARE EXEMPT FROM OBTAINING VISAS PRIOR TO ENTERING ISRAEL¹: Citizens of countries not on the following lists must obtain visas prior to entry to Israel. Students requiring visas should contact the closest Israeli embassy and apply through them for their visa. All students must have a passport which is valid for at least 6 months after your departure date.

### EUROPE
- Andora
- Austria
- Belgium
- Bulgaria
- Croatia
- Czech Republic
- Cyprus
- Denmark
- Estonia
- Finland
- France
- Germany (persons born after 1/1/28)
- Gibraltar
- Great Britain
- Greece
- Holy Vatican
- Hungary
- Iceland
- Ireland
- Italy
- Latvia
- Liechtenstein
- Lithuania
- Luxemburg
- Malta
- Monaco
- Norway
- Poland
- Portugal
- San Marino
- Slovakia
- Slovenia
- Spain
- Sweden
- Switzerland
- The Netherlands

### ASIA & OCEANA
- Australia
- Fiji Islands
- Japan
- Hong Kong
- Mongolia
- New Zealand
- Singapore
- South Korea
- The Philippines
- Vanuatu

### THE AMERICAS
- Argentina
- Barbados
- Bolivia
- Brazil
- Canada
- Chile
- Columbia
- Costa Rica
- Dominica
- El Salvador
- Ecuador
- Grenada
- Guatemala
- Haiti
- Jamaica
- Mexico
- Panama
- Paraguay
- St. Kitts & Nevis
- St. Lucia
- St. Vincent and the Grenadines
- Surinam
- Trinidad & Tobago
- The Bahamas
- The Dominican Republic
- Uruguay
- United States

¹ As published by the Ministry of Tourism, July, 18, 2007. Jerusalem University College is not responsible for errors related to this list.
ADDITIONAL INFORMATION

Please complete the following information about your present place of worship and return with your application form.

Church Name __________________________________________

Denomination __________________________________________

Pastor’s Name _________________________________________

Church Address ________________________________________

_____________________________________________________

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Church Telephone ______________________________________

Your Name ___________________________________________

Thank You