

Application for Summer Programs
International School
University of Haifa

Instructions

All of the following materials must be submitted before your application will be processed:

___ **Application Form**

___ **Medical Form**

___ **Photographs:** Six passport-size color photographs (5 cm x 5 cm) with your name written on the back of each.

___ **Application Fee:** A personal, bank, or traveler's check in the amount of US \$80.00 and made payable to *The University of Haifa* needs to be included with the application. The fee can be paid in Euro or Israeli shekels for the equivalent amount.

___ **Transcript:** Submit one official (sealed) transcript from each post-secondary institution attended. First-year college students must submit one official copy of their high school transcript.

___ **Letter of Recommendation:** Submit one sealed confidential academic letter of recommendation. Recommendations should be from teachers, professors, and/or an academic advisor who has first-hand knowledge of your academic performance. Use the letter of recommendation form provided.

Deadlines*

Summer Nursing Program

April 15th

Summer Study Tour-Challenge of Diversity

April 15th

July Language, July Mini Semester, and Summer Internship:

June 20th

August Language Programming:

July 20th

*We are happy to consider late applications on a space-available basis.

Upon completion, all materials should be sent together to email address
infointl@univ.haifa.ac.il

Application for Summer Programs
International School
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A. Introductory Information

Please indicate the program(s) to which you are applying and circle the session(s):

- Summer Study Tour Challenge of Diversity June-July
(Czech Republic + Haifa)
- July Mini Semester July
- July Nursing Program July
- Summer Internship July-August
- Intensive Hebrew Ulpan July August
- Intensive Arabic August

Housing:

- Double Room Single Room I do not need campus housing

Please type or print clearly:

Name (first, middle, last): _____

Age: _____ Birthday: _____ Circle one: Male Female

Permanent Address: _____

City _____ State _____ Zip _____ Country _____

Permanent Phone: _____

Current Address: _____

City _____ State _____ Zip _____ Country _____

Current Phone: _____ Cell Phone: _____

Current Address and Phone Good Until: _____

E-mail: _____ Marital Status: _____

Social Security/ID Number: _____ Israeli ID Number (where applicable): _____

Passport Number(s): _____

Countries of citizenship: _____ Place of birth: _____

B. Emergency Contact Information

Emergency Contact Outside of Israel:

Full Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____ Relationship to Student: _____

Emergency Contact Inside of Israel:

Full Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____ Relationship to Student: _____

C. Education

I am currently (choose one):

___ A high school student

Name of college/university expected to attend: _____

___ An undergraduate student

Name of college/university: _____

Expected date of graduation: _____

___ A graduate/doctoral student

Name of college/university: _____

___ Not enrolled at a college or university

If you have physical or learning disabilities and will require accommodations to complete your course assignments, include with your application for admission official documentation verifying the nature of your disability and supporting your specific request.

D. Language Proficiency

Indicate your language proficiency

(scale: mother tongue, excellent, good, fair, poor, or none)

| Language | Speaking | Reading | Writing |
|----------|----------|---------|---------|
| English | | | |
| Hebrew | | | |
| Other: | | | |
| Other: | | | |
| Other: | | | |

E. Previous Israel Experience

Have you ever been to Israel? ___ yes ___ no

If you participated in organized group programs, please indicate:

| Program | Dates | Length of Time |
|---------|-------|----------------|
| | | |
| | | |
| | | |
| | | |

If you visited independently or with family, please indicate the year of most recent visit: _____

Were either of your parents born in Israel? ___ Father ___ Mother ___ No

Are either of your parents Israeli citizens? ___ Father ___ Mother ___ No

F. Academic References (for students applying for the **Study Tour** only)

Please list the name and institution of each individual who will be sending a letter of recommendation for you:

1. _____

2. _____

G. Additional Information

How did you find out about the University of Haifa International School? (check all that apply)

- A friend told me about the program
 An alumni told me about the program. Name of alumni: _____
 I met your representative at: _____
 I received information through my campus study abroad office
 I received information from my campus Hillel
 A professor or advisor recommended the program
 I saw the International School's website
 I saw it on the MASA web site
 I saw the International School blog (haifayou.com)
 I heard about the program on a social media site. (Facebook...) Specify: _____
 I found the program listed on another web page. Specify: _____
 Other (please specify) _____

You may release my name, address, phone number, and e-mail to other students accepted to University of Haifa study abroad programs ___ yes ___ no

You may release my name, address, phone number, and e-mail to organizations or individual students who request information about Haifa University students, at your discretion
___ yes ___ no

H. Terms and Conditions

1. I understand that upon my admission to the University of Haifa, my signature on this application form constitutes an agreement between myself and the University as to the terms of my compliance with all University regulations as well as the decisions of the University authorities.
2. The University will not be liable for any accident caused to me, and I hereby waive and release the University and its respective officers, employees and agents from any and all claims for any injury, damage, loss or expense arising from
 - a. the acts of any officer, employee or agent of the University, of any participant in the Program, or any other person, firm or corporation; or:
 - b. any illness or accident suffered by me, whether the injury, damage, or loss or expense occurs during the period of my participation in the Program or while I am in transit between my home and the University.

Note: Students in the International School, like any other University of Haifa students, are insured by the University of Haifa against damage caused by negligent acts or omissions on the part of the University of Haifa or its employees, sustained either on the grounds of the University of Haifa, or while participating in activities initiated by the University of Haifa, even if they are outside the grounds of the University

3. The University is not liable for any loss or damage to my property. Therefore it is recommended that I arrange in advance of my departure, adequate insurance coverage for theft, loss or damage to any personal belongings of material value which I may take with me.
4. All students in the International School must have a valid health insurance policy for the duration of their studies in Israel. The University of Haifa provides students with an Israeli health insurance for their period of study. If a student does not qualify for the Israeli health insurance, the student must arrange health insurance independently. This policy may be an extension of the student's family health coverage or a policy issued by the student's home university, but must be valid for Israel.
5. I am aware of and accept the University regulations prohibiting the possession, use, sale or transmission of marijuana, hashish, or any other illicit drugs or narcotics. I understand that any student found guilty of such may be subject to unconditional dismissal from the University, without any recourse.

I certify that the information given on this application is correct to the best of my knowledge.

Signature of Student: _____ **Date:** _____

Signature of Parent or Guardian (for students under age 18): _____ **Date:** _____

Medical Examination Form
International School
University of Haifa

Part 1: To be completed by applicant

Student's Name: _____ E-mail Address: _____

Passport #: _____

Medical History: Please check all that apply and include dates

_____ Heart Disease (including Rheumatic Fever) ___ / ___ / ___

_____ Gastrointestinal Disease (including ulcer) ___ / ___ / ___

_____ Liver Disease ___ / ___ / ___

_____ Kidney Disease ___ / ___ / ___

_____ Mental Disease (including depression) ___ / ___ / ___

_____ Neurological Disease (including epilepsy) ___ / ___ / ___

_____ Lung Disease (including asthma) ___ / ___ / ___

_____ Diabetes ___ / ___ / ___

_____ Tuberculosis ___ / ___ / ___

_____ Anemia ___ / ___ / ___

_____ Hernia ___ / ___ / ___

_____ Hypertension ___ / ___ / ___

_____ Eating Disorder ___ / ___ / ___

Other diseases not listed above (including dates): _____

Detail major operations and/or hospitalizations (including dates): _____

Detail all allergies and drug reactions: _____

Applicant's Statement:

I hereby certify to the best of my knowledge that the above medical information is correct. I understand that any illness suffered prior to arriving in Israel that has not been described on this medical form may result in my return to my country of origin at my own expense, or result in my treatment in Israel at my own expense. I affirm that I am not addicted to illegal substances (such as narcotics) and I understand that my use of such illegal substances may be grounds for my dismissal from the International School and the University of Haifa.

**Note to applicant: If the answer is "yes" to any of the questions on page 3, please provide us with a letter of explanation from your therapist or psychiatrist. This information will be treated confidentially.*

Signature of applicant: _____ Date: _____

Signature of parent or Guardian (for under 18's): _____ Date: _____

Part 2: To be completed by a licensed physician who is not related to applicant

Student's Name: _____ E-mail Address: _____

Social Security #: _____ Passport #: _____

Notes to the Examining Physician: Your medical report is necessary for our evaluation of the student's application. Any applicant who has been under the care of a specialist must submit a detailed report giving complete diagnosis, prognosis, and evaluation. If any changes arise in the applicant's condition within 10 days before departure, please submit an explanatory medical letter. This information will be treated confidentially.

Physical Health

| | Normal | Abnormal | Describe Abnormality |
|-------------------|--------|----------|----------------------|
| Hearing | _____ | _____ | _____ |
| Vision | _____ | _____ | _____ |
| Chest, Lungs | _____ | _____ | _____ |
| Heart | _____ | _____ | _____ |
| Vascular System | _____ | _____ | _____ |
| Abdomen | _____ | _____ | _____ |
| G.I. System | _____ | _____ | _____ |
| G.U. system | _____ | _____ | _____ |
| Upper Extremities | _____ | _____ | _____ |
| Lower Extremities | _____ | _____ | _____ |
| Spine | _____ | _____ | _____ |
| Nervous System | _____ | _____ | _____ |
| Mental State | _____ | _____ | _____ |

Height: _____

Weight: _____

Current Medications:

Generic Name: _____

Dosage: _____

Purpose: _____

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Mental Health

Is the individual currently involved in psychological therapy of any kind? _____

If so, with whom? ___ Psychiatrist ___ Psychologist
 ___ Counselor ___ Social Worker

Is there any history of psychological or psychiatric care? If yes, give dates:

Has the applicant ever been advised to seek counseling, psychotherapy, or psychiatric care? If yes, please explain circumstances.

Has the applicant ever dealt or currently dealing with eating disorders? If Yes, please explain.

Additional comments:

**Note to applicant: If the answer is "yes" to any of the above questions, please provide us with a letter of explanation from your therapist or psychiatrist. This information will be treated confidentially.*

Physician's Statement

1. I have read the "Notes to the Examining Physician" on the first page of the Medical Form and thereafter examined _____. The results I have recorded represent, to the best of my knowledge, the applicant's medical history and my examination results. I understand that the program organizers in Israel rely on my report. In my opinion, the applicant is physically, mentally, and emotionally capable of studying at the University of Haifa.

___ Yes ___ No

If no, please explain: _____

2. I recommend full physical activity. ___ Yes ___ No

If no, please explain: _____

3. I recommend certain restrictions. ___ Yes ___ No

If yes, please explain: _____

4. The applicant can withstand certain changes in diet from which s/he is accustomed.

___ Yes ___ No If no, please explain: _____

Physician's name (please print or type): _____

Address: _____

Telephone: _____ E-mail: _____

License Number: _____ Date: _____

Stamp and signature of physician: _____

Academic Recommendation Form #1

(for students applying to all non-language Summer Programming!)
International School
University of Haifa

To the Student:

Name: _____ E-mail: _____

Social Security #: _____ Passport #: _____

This academic recommendation should be given to a professor who knows you well and is able to judge your academic qualifications for study abroad. A letter of recommendation is also acceptable.

As this letter is confidential, it should be sent directly to the University of Haifa by the person writing the letter. You must provide a stamped, addressed envelope for this purpose. You may submit this letter yourself if it has been placed in a sealed envelope and has been signed over the seal by the person writing the recommendation.

I waive my right to access this recommendation: Yes No

Student's Signature: _____ Date: _____

To the Reference:

The above named student is applying for admission to the International School at the University of Haifa. The Admissions Department appreciates your taking the time to complete this form which will help us evaluate the candidate's academic and personal qualifications. If you would prefer to substitute a letter of recommendation rather than complete this form, please attach the letter to this form. Please return the recommendation in a sealed envelope to the applicant or send it directly to:

Admissions Office
International School
University of Haifa
Haifa 31905
Israel

How long have you know the candidate and in what capacity?

Please tell us about the applicant's intellectual qualities and academic work.

What are your impressions of the applicant's character and maturity and his/her ability to adjust to a study abroad experience in Israel?

Please comment on the student's motivation for studying abroad. Does he or she have the ability and maturity to achieve his or her goals in studying abroad?

Please compare the applicant's abilities in the following areas to your other students:

| | Top 5% | Top 10% | Top 50% | Bottom 50% |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Written Expression in English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oral Expression in English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Critical Thinking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Creativity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interpersonal Relations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional Maturity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please share with us any additional information or comments about this student that you think we need to know:

Name: _____

Position: _____ Department and Institution: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Signature: _____ Date: _____



בית הספר לתלמידי חו"ל
International School