

**Transcript Request Form**  
Department of Overseas Studies  
University of Haifa

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Today's Date: \_\_\_\_\_

SSN: \_\_\_\_\_ Passport #: \_\_\_\_\_ Israeli ID #: \_\_\_\_\_

**Choose one:**

I took a NAZAM Hebrew exam at the  
University of Haifa through the Kibbutz Ulpan  
Program on: \_\_\_\_\_ (insert date)

I attended the University of Haifa in (check all  
that apply):

Summer

Fall

Spring

Year(s): \_\_\_\_\_

Total Number of Transcripts to be sent: \_\_\_\_\_

Address for transcript to be sent to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address for transcript to be sent to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments:

---

---

**Cost:**

Official transcripts are \$17 for the first copy and \$3 for each additional copy requested at the same time. Add \$25 per address for expedited, 72-hour delivery.

Total Amount Included: \_\_\_\_\_

Please send this form and your check made payable to "The University of Haifa" to:

International School  
University of Haifa  
Abba Hushi Blvd. 199  
Mount Carmel  
Haifa  
3478601  
ISRAEL