

Registration for the intensive Hebrew Summer course

Last Name: First Name: Male: Female:

I.D. No. : or/ Pass. No.

Citizenship:

Date of birth: Place of birth:

Date of High School graduation: Date of immigration:

Permanent Address:

No. Street: City:

Country: Zip Code:

Tel No: Fax: E-Mail:

Are you registered at Tel-Aviv University for 2009-2010? Yes No

Are your University fees paid by the office of absorption? Yes No

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Knowledge of Hebrew:

Speaking: None Poor Fair Good Excellent

Writing: None Poor Fair Good Excellent

Reading: None Poor Fair Good Excellent

Previous courses: 1. For months/years

2. For months/years

Were your parents born in Israel? Yes No Do they speak Hebrew? Yes No

Date:

Signature: