

## **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 <u>University fees</u> paid by the office of absorption? Yes No =-=-=================================		
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 m	onths/years
Were your parents born in Israel? Yes No Do they speak Hebrew? Yes No		
Date:		Signature:

03-6407426 ' פקס' 03-6408947, על-אביב 69978, תל-אביב 03-6407426 , פקס' 103-6408947 קריית האוניברסיטה, רמת-אביב, ת"ד TEL AVIV UNIVETSITY, RAMAT AVIV, TEL AVIV 69978 , ISRAEL; TEL. 03-6408947, FAX. 972-3-6407426