

Jerusalem University College

Short-Term Studies

Group Application

Download Version



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 North American, 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.)

**PLEASE COPY AS NEEDED
FOR EACH INDIVIDUAL IN YOUR GROUP**

PERSONAL INFORMATION

Name (Dr./Mr./Mrs./Miss/Ms.) _____
(Please Circle one) Family name First name Middle name

Mailing Address _____
Street or Box City State Postal Code Country

Telephone: home _____ work _____ Fax: _____

Date of Birth: _____ Social Security # (U.S. citizens only) _____ Current School: _____

Denominational Affiliation: _____ Occupation: _____

Male Female Citizen/Passport of what country? _____

Passport Number: _____ Issue Date (00/00/00) _____ Expiration Date (00/00/00) _____

Marital Status: Single Married E-Mail address _____

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

In case of an emergency, notify: _____
Name Address Phone number

Rooming Preference for individuals that are part of groups choosing hotel accommodations only:

- Double* - Choice of Roommate: _____
- Private Room (additional fee)

**Please note that on field trip overnights to some locations, private or double accommodations may not be available.*

REQUIRED HEALTH STATEMENT - PART I

Please indicate past AND present illnesses or conditions:

Allergies _____	Hepatitis _____	Paralysis _____
Amoebic dysentery _____	*Hypertension _____	Pneumonia _____
Asthma _____	Hypoglycemia _____	Rheumatic fever _____
*Diabetes _____	Infectious mononucleosis _____	Tuberculosis _____
*Epilepsy _____	*Kidney trouble _____	Ulcers _____
*Foot/leg difficulties _____	*Pregnancy _____	Other _____
*Gastro-intestinal _____	Malaria _____	_____
*Heart _____	Migraine headache _____	_____

*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 more.

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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 _____	Back: Normal _____ Abnormal _____
Hearing: Normal _____ Abnormal _____	Feet: Normal _____ Abnormal _____
Heart: Normal _____ Abnormal _____	Legs: Normal _____ Abnormal _____
Lungs: Normal _____ Abnormal _____	Neurological: Normal _____ Abnormal _____
Abdomen: Normal _____ Abnormal _____	Emotional Stability: 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 and hiking at an educational institution abroad.

Date of physical examination _____, 20 _____

Please Print: Doctor's name _____
 Address _____
 City, State, Zip _____
 Area Code and Telephone Number: _____
 Doctor's Signature _____

THE CITIZENS FROM THE FOLLOWING LISTED COUNTRIES ARE EXEMPT FROM OBTAINING VISAS TO ENTER 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 from their visa. All students must have a passport which is valid for at least 6 months after your departure date.

EUROPE

Austria
Belgium
Cyprus
Denmark
Finland
France
Germany (persons born after 1/1/28)
Gibraltar
Great Britain
Greece
Hungary
Iceland
Italy
Liechtenstein
Luxemburg
Malta
Monaco
Norway
Portugal
San Marino
Slovenia
Spain
Sweden
Switzerland
The Netherlands

ASIA & OCEANA

Australia
Fiji Islands
Japan
Hong Kong
New Zealand
South Korea
The Philippines

AFRICA

Central African Republic
Losoto
Malawi
Mauritius
South Africa
Swaziland

THE AMERICAS

Argentina
Barbados
Bolivia
Brazil
Canada
Chile
Columbia
Costa Rica
El Salvador
Ecuador
Guatemala
Haiti
Jamaica
Mexico
Paraguay
St. Kitts & Nevis
Surinam
Trinidad & Tobago
The Bahamas
The Dominican Republic
Uruguay
United States

¹ As published by the Ministry of Tourism, April 25, 1996. Jerusalem University College is not responsible for errors related to this list.

PLEASE READ THESE INSTRUCTIONS CAREFULLY

We have received your request for a Short-Term Group application form and information concerning the programs at Jerusalem University College. We have enclosed this group application form for the enrollment of your students.

Please read over the group application form very carefully. The group leader is responsible to assemble all the required personal information, fees, and signed Statements and Agreements and send the entire completed package to the Rockford, IL office. An acceptance letter will be sent for the group to the leader along with the Short-Term Student Manual. Only complete applications with all appropriate fees will be processed.

1. We require a \$50 application fee (non-refundable), \$100 deposit fee (refundable), (and \$65 Study Materials, *Regions on the Run*, *7 part Map package*, *Historical Geography Notebook*, and the *Map Syllabus*, the latter two of which will be received in Israel), for each student applying for either Program A or C or E. The *Regions on the Run* and *Map Package* will be sent in one shipment to the group leader for distribution. For the program Jesus and His Times an additional \$30 for materials is required. **THESE MATERIALS FEES ARE NON-REFUNDABLE**

2. As group leader you must choose: a) either to assume responsibility for each participant and the group as a whole, signified by your initials and signature; or b) to secure each participant's signature covering the Statement of Standards, Disclosure Statements, and Waiver of Responsibility.

3. The "Health Statement - Parts I and II" must be copied, distributed and completed by each student. The Health Statement Part II - Physician's, need only be copied and distributed to those in your group who are 50 years of age or more or who check any of the illnesses marked with an asterisk.

4. If you are staying on campus and have married students requesting double room accommodations on-campus, this must be indicated beside their names on the list of participants. An additional fee is required for these accommodations (see fee schedule). Please note that on-campus double/private is very limited and people making these requests may be placed in off-campus housing at off-campus rates.

5. Group bus transfer from Ben Gurion Airport to Jerusalem and return after your program is \$700.00 with a minimum of 25 students required. Otherwise, for approximately \$12 U.S. per person one way, your students may take sheruts (8 seater taxis) from directly outside the airport to Jerusalem University College. JUC will arrange sheruts for your group from the school to the airport if you have not arranged for a bus. (Instructions to the school for drivers will be located in the Short-Term student Manual.)

6. The current group leader special offer is that for every 11 paying participants, one person will have their program fees waived. This may extend to their international travel if Jerusalem University College's recommended travel service is utilized for all participants.

7. The completed group application form, with fees, is due three months before the regular scheduled program or 6 months before any special program you are planning.

8. If a student is interested in taking the program for graduate credit, they simply need to notify the registrar and instructor once they arrive at Jerusalem University College.

9. If you have any foreign students in your group, please note the page that lists countries exempt from obtaining visas to enter Israel. Citizens of countries not on those lists must obtain visas prior to entry to Israel. Please have those students contact their nearest Israeli Consulate to obtain a visa. If they are going to Jordan as well they will need a multiple entry visa for Israel. **PLEASE NOTE: STUDENTS REQUIRING A VISA MUST APPLY FOR IT THEMSELVES THROUGH THE NEAREST ISRAELI CONSULATE.**

10. For credit programs, upon completion of the course, an official group transcript will be sent to the group's home institution. Each student will also receive an issued-to-student transcript. Additional official or student transcripts may be requested and paid for in accordance with the current fee schedule.

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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 _____

Church Telephone _____

Your Name _____

Thank You

