Jerusalem University College
Application for Admission

Dual Enrollment or
Transfer Application
for
Semester or Year Abroad
Students from Associated Schools

Download Version

Questions:
1) E-mail the admissions dept. at admissions@juc.edu OR
2) If you are a student from North America, you may call our
North American Office at 1-800-891-9408 or 1-815-229-5900.
3) All other applicants please call our Jerusalem Office
at 972-2-671-8628 (Note: you must dial your
international long distance operator number first.)
DEADLINES:
May 15 for Fall Semester and November 15 for Spring Semester

RETURN THE COMPLETE PACKAGE TO:
Jerusalem University College
Office of Admissions
4249 East State St., Suite 203
Rockford, IL 61108

Please include 4 recent official color passport photographs of yourself.

TRANSFER APPLICATION
Semester or Year Abroad - Students from Associated Schools

FOR USE BY ASSOCIATED SCHOOL REGISTRAR
Please write a brief statement verifying that the above applicant is a student in good academic standing at your institution, recommended by you as a qualified transfer student for Jerusalem University College and enclose a full Academic Transcript with this application. (Note: The university requests, from the Dean of Students or Student Affairs a completed reference form with notification of any disciplinary or behavioral issues in the applicant’s record which may influence his/her ability to function well in conditions of living and studying abroad. Such information will be held in strict confidence.

Applicant’s GPA __________________________ Registrar’s (or Representative’s) Signature __________ Date __________ Seal or Stamp __________

Student’s Signature gives permission to release this information: __________________________ Date: _________

While attending JUC will you be a:

_____ Sophomore  _____ 1st Semester  _____ 2nd Semester
_____ Junior  _____ 1st Semester  _____ 2nd Semester
_____ Senior  _____ 1st Semester  _____ 2nd Semester
_____ Graduate  _____ 1st Year  _____ 2nd Year  _____ 3rd Year
FEES TO ACCOMPANY THIS APPLICATION (total required is $315.00)

- Application Fee: $50.00 (US), non-refundable
- Student A/2 Visa Fee: $100.00 (US), non-refundable (JUC/IHLS is not responsible for Israeli Ministry of Interior Visa denials)
- Tuition Deposit: $100.00 (US), refundable only to those not accepted into the program OR for those cancelling up to 30 days prior to semester start. (applicable to tuition fees)
- Mapping Materials: $65.00 (US), non-refundable

APPLICATION PROCEDURE

1. Fill out the application form, including the Waivers of Responsibility and Release of Liability, Health Statement, TOEFL material, questionnaire, and enclose the required fees.
2. Give the application to your school’s Registrar (or Jerusalem University College Representative at your campus) to fill out his/her section and include a full Academic Transcript from your current institution and then seal the application in an envelope.
3. Post the sealed envelope to the Admissions Office, Jerusalem University College (see above address).
4. Provide the following reference forms: Academic Reference, Pastor Reference, Dean of Students Reference.

PLEASE NOTE: This application will only be processed when the complete application package is received by the Office of Admissions of Jerusalem University College. This includes all fees, photographs and all portions of this form. No partial application will be processed. Also note that while all complete applications will be processed regardless of the date received, you should complete the process 3 months prior to the semester start date desired. The university will promptly process them and inform the applicant of the decision. Those applicants requiring a visa (those not on the accompanying list) must apply for a visa at the closest Israeli consulate after receiving acceptance into the program. Jerusalem University College guarantees that applications received too late for the semester desired will be reviewed for the following semester, but not necessarily for the current semester.

I hereby certify that, to the best of my knowledge, the information contained in this application is complete and correct. I understand that in the event any of the information provided by me in this application is determined to be incorrect, the university has the right to sever immediately its relationship with me.

Date ____________ Student Signature ____________________________

FOR OFFICE USE ONLY

- Application form completed
- Application fee included
- Deposit included
- TOFEL Score and Agreement completed and signed (if applicable)
- Medical Report and Statements and Agreements completed and signed
- Photographs included

Comments: Decision: ____________ Date: ____________
**PASTOR'S REFERENCE**

*(Confidential)*

_______ has applied for admission at Jerusalem University College in Jerusalem, Israel. The information which you give will be treated in strict confidence and we shall appreciate straightforward answers to the following questions. Naturally we want the applicant to be a good representative abroad.

Please respond to each of the following statements, marking the extent to which you agree with each one. "5" indicates very strong agreement with the statement. "1" indicates very strong disagreement.

<table>
<thead>
<tr>
<th>Statement</th>
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Please use the space provided below to write a statement describing the applicant's characteristics that would make him/her successful in studies at JUC. Is he/she emotionally stable? Does he/she show ability to operate in diverse cultures with people from divergent backgrounds? How would you characterize his/her leadership ability?

Please circle one of the following: Highly Recommend, Recommend, Recommend with Reservations, Do Not Recommend

Name of person completing this form: _______________________________  Church _____________________________

**IMPORTANT INFORMATION REGARDING ACCESS TO RECOMMENDATIONS – PLEASE READ BEFORE COMPLETING FORM**

The Family Education Rights and Privacy Act of 1974 – PL98.380 opens many records for the student's inspection. The law also permits the student to waive his right to inspect or review recommendations. The student’s signature below constitutes a waiver; no signature means the student will have the right to read the recommendation.

Date _______________________  Student Signature _________________________________________________________________

**ATTENTION:** Having completed this reference form, please seal it in an envelope and sign your name across the seal of the envelope. Please return it then to the applicant to submit with the rest of his/her application.
ACADEMIC REFERENCE
(reference from school dean, president or professor)
(Confidential)

______________________________ has applied for admission at Jerusalem University College in Jerusalem, Israel. The information which you give will be treated in strict confidence and we shall appreciate straightforward answers to the following questions. Naturally we want the applicant to be a good representative abroad.

Please respond to each of the following statements, marking the extent to which you agree with each one. "5" indicates very strong agreement with the statement. "1" indicates very strong disagreement.

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Please circle one of the following: Highly Recommend, Recommend, Recommend with Reservations, Do Not Recommend

Name of person completing this form: ___________________________ School ___________________________

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Date _______________________ Student Signature _________________________________________________________________

ATTENTION: Having completed this reference form, please seal it an envelope and sign your name across the seal of the envelope. Please return it then to the applicant to submit with the rest of his/her application.
DEAN OF STUDENTS - STUDENT AFFAIRS OFFICE

(Confidential)

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Please comment on a separate page if needed regarding the student's ability to accept and deal with the challenges of living, learning and serving in an emotionally and physically strenuous environment that lacks many of the conveniences with which the student may be accustomed.

Please circle one of the following: Highly Recommend, Recommend, Recommend with Reservations, Do Not Recommend

Has the applicant ever been placed on probation for violation of your institution's student life or behavioral code? Y/N

Name of person completing this form: ____________________________ Position ____________________________

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Date _______________________ Student Signature _________________________________________________________________

ATTENTION: Having completed this reference form, please seal it in an envelope and sign your name across the seal of the envelope. Please return it then to the applicant to submit with the rest of his/her application.
STUDENT QUESTIONNAIRE
(must be completed and accompany the application form)
Use additional paper as required

1. Describe your Christian experience. What is your relationship with Jesus Christ? How does this relationship influence your involvement in church, in service and ministry opportunities, and in other activities?

2. Why do you want attend Jerusalem University College? What goals have you set for yourself that you hope to accomplish while at JUC?

3. What are your career plans? How do you see your experiences at Jerusalem University College helping prepare you for this career?

4. List any extra-curricular activities in which you participate.

5. Have you ever been placed on probation for violation of your institution’s student life expectations or behavioral code? Y/N. If Yes, please explain.

6. The Jerusalem University College program is an intensive program that challenges students academically, socially and culturally, and provides many opportunities for personal growth and enrichment. The living and learning environment is intimate and lacks many of the amenities that are readily available in schools in more developed parts of the world. Describe both some strengths and some weaknesses that you bring to such a setting.
STATEMENTS, AGREEMENTS, RELEASE OF LIABILITY

Part A: Statement of Standards
Jerusalem University College strives to cultivate an enriched understanding of the Christian faith through a first-hand encounter with the Land, involving the language, history, and culture associated with Scriptures. It makes use of the unique resources available in Israel to fashion an education of high quality.

The Jewish and Arab cultures here differ from one another and are quite different from the Western culture of which many incoming students are a part. While the nonreligious segment of the Jewish culture has similarities with the Western culture, the Arab people—both Muslim and Christian—have very different values and norms of behavior.

In recent years the social culture in the Western world has changed so rapidly that the behavior of some students coming to the university has been detrimental to the ongoing Christian witness JUC seeks to maintain with the Jewish and Arab peoples (including those on the Institute staff). For this reason we ask that you endeavor to understand the position of the Institute in this country and agree to abide by the following university standards.

Because of the cultural mores, particularly within the Arab population, a dress standard is observed. Short shorts may not be worn at any time. Mid-thigh and walking shorts are acceptable on field trips. Slacks are generally acceptable everywhere. You represent the Institute while you are here; how you look becomes how we are viewed in the eyes of the community.

The Arab community does not have the equivalent of the word “dating” in its vocabulary. When a woman is seen with a man, it may be assumed that, if they are not married, they may be living together; therefore, the woman (unmarried) would be considered a “promiscuous woman.” With this in mind, students must be cautious in their physical contact with each other. This includes engaged couples and married couples.

With a 50+ year history of maintaining an evangelical Christian witness in this culture, we find it necessary to uphold these standards of conduct.

Agreement: By signing this agreement I recognize and certify the following: 1) Because I will be participating in a Christ-centered community in the Middle East, requiring an exemplary lifestyle in living and learning, and respect for members of this community and the surrounding cultures, I will endeavor to conduct myself in accordance with a Christ-centered life: 2) I will refrain from dishonesty, disruptive and irresponsible behavior, plagiarism, racism, drunkenness, the illicit and non-medical use of drugs, sexual harassment, promiscuity, theft or violence of any kind anywhere during the time that I am enrolled in this program. 3) I will abstain from the use of alcohol and tobacco on campus. 4) I remain subject to the standards, rules and regulations of my home institution. 5) Violation of any of these standards, or of providing false or misleading information on this application, is grounds for disciplinary action, including immediate dismissal from the program and return to my country at my own expense.

Part B: Disclosure Statement
Travel invariably has its hazards, especially in countries where standards of health care, sanitation, public safety and similar situations differ from those in your home country. Other complications you may encounter are changes in language, customs, culture and laws.

Jerusalem University College makes every effort to avoid unnecessary risk by trying to control travel, food service, and sanitation. The university has operated for over 40 years in the Middle East and has had few incidents and no major problems. However, the educational experience requires that we travel in the countryside where physical exertion (this is a strenuous program) and exposure to the culture are common. You should understand that this study and associated travel can be undertaken solely at your own risk.

The university is a non-profit educational institution with few assets and minimal insurance. It is essential that you have health insurance while in Israel. Hospitals will not treat a patient without proof of credit card or cash. All hospital bills in Israel must be paid in full before the patient is discharged; therefore, you must obtain insurance and aquire a means for emergency payments:

You therefore must obtain an insurance policy in your home country which will cover you while in Israel, Jordan and Egypt. Please contact your local carrier to be certain just where you stand in regard to health, accident, travel, and life insurance and
what may be required. You must have contingency funds to pay by credit card or cash should an emergency arise. A claim may then be filed with your insurance company for reimbursement of the fees.

**Agreement:** I have read the Disclosure Statement, and I understand and accept my medical responsibilities and verify that I have appropriate insurance coverage. I empower Jerusalem University College in emergency situations, to assign me for medical treatment, even if such treatment is beyond my insurance coverage in Israel, including hospitalization (at my expense) if such is determined necessary by a medical doctor, and to return me to my home for medical treatment (also at my expense) if circumstances warrant and agree to release Jerusalem University College, its staff, administration and board of directors from any and all liability.

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**PLEASE DATE AND SIGN YOUR AGREEMENT WITH PART B**

**Part C: Waiver of Responsibility, Release of Liability**

I will hold Jerusalem University College and its directors, employees, their families and heirs blameless in the event of cancellation or changes in travel and program schedules, or adjustment in announced fees caused by changes in air tariffs, lodging rates, or fares by those engaged for such services.

I release Jerusalem University College and its directors, employees, their families and heirs from claims of any nature incurred by me before, during or after my time in the Middle East, and from claims arising from any act involving any person, agent, or entity not a part of the university or a part of the university. I agree that, in the event of war (declared or undeclared), strike, terrorism, act of God, or emergency not under the control of the Jerusalem University College, any refund will be determined by the university on an individual basis and at the university's discretion.

**Agreement:** I have read this Waiver of Responsibility, understand its content, and accept the risks discussed. I hereby verify that good health allows me to take part in the university’s program (including hiking, bus travel, etc.), and I absolve the university of responsibility for me in the above stated areas. Furthermore, by my signature below I acknowledge that I have read both the Statement of Standards and the Disclosure Statement and agree to abide by the conditions set out in them and release Jerusalem University College, its board of directors, employees, their families and heirs form any and all liabilities.

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**PLEASE DATE AND SIGN YOUR AGREEMENT WITH PART C**

Your Signature: ___________________________ Date: ___________________

Printed Name and Signature of Witness: ___________________________ Date: ___________________

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**REQUIRED HEALTH STATEMENT - PART I**

Please indicate past AND present illnesses or conditions:

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<thead>
<tr>
<th>Allergies</th>
<th>Hepatitis</th>
<th>Paralysis</th>
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<td>Amoebic dysentry</td>
<td>*Hypertension</td>
<td>Pneumonia</td>
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<td>*Asthma</td>
<td>Hypoglycemia</td>
<td>Rheumatic fever</td>
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<td>*Diabetes</td>
<td>Infectious mononucleosis</td>
<td>Tuberculosis</td>
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<td>*Epilepsy</td>
<td>*Kidney trouble</td>
<td>Ulcers</td>
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<td>*Foot/leg difficulties</td>
<td>*Pregnancy</td>
<td>Other</td>
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<td>*Gastro-intestinal</td>
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<td>*Heart</td>
<td>Migraine headache</td>
<td>HEIGHT: _________________________</td>
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<td>WEIGHT: _________________________</td>
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*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 ___________________________

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**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 older.
I have read the current literature from Jerusalem University College that pertains to the admission of students whose native language is not English. I understand that if my TOEFL score is 550 or above, I satisfy the English language requirement for admission.

Date ______________ Student Signature ______________________________________________
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 STRENUEOUS 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

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<tr>
<td>Heart:</td>
<td>Normal</td>
<td>Abnormal</td>
</tr>
<tr>
<td>Lungs:</td>
<td>Normal</td>
<td>Abnormal</td>
</tr>
<tr>
<td>Abdomen:</td>
<td>Normal</td>
<td>Abnormal</td>
</tr>
<tr>
<td>Menstrual:</td>
<td>Normal</td>
<td>Abnormal</td>
</tr>
</tbody>
</table>

LAB WORK:  If indicated

<table>
<thead>
<tr>
<th>Hemoglobin:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Urine (routine):</td>
<td></td>
</tr>
<tr>
<td>W.B.C.:</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

PHYSICAL ACTIVITY:

<table>
<thead>
<tr>
<th>Restricted</th>
<th>Unrestricted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration</td>
<td></td>
</tr>
<tr>
<td>Reason for restriction</td>
<td></td>
</tr>
</tbody>
</table>

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 involving STRENUOUS, SUSTAINED HIKING OFTEN OVER OVER RUGGED AND ROCKY TERRAIN, and SIGNIFICANT STAIR CLIMBING, at our overseas institution.

Date of physical examination ______________________________________________, 20 _________

Please Print:  Doctor’s name _____________________________, 20 _________

Address _____________________________

City, State, Zip _____________________________

Area Code and Telephone Number: _____________________________

Doctor's Signature _____________________________
IMPORTANT INFORMATION
REGARDING THE STUDENT VISA

It is required that all students who will be attending Jerusalem University College - Institute of Holy Land Studies for one semester or more acquire a multiple entry A/2 student visa prior to arriving in Israel. Married students must also acquire a multiple entry A/4 visa for each dependent (spouse and children) who will be in Israel during the time that the student is attending JUC - IHLS.

Please Note: The application for the visa must be made by the staff of JUC - IHLS at the Ministry of Interior in Jerusalem. In order to allow JUC - IHLS to make this application on your behalf, you must supply the following documents and information as part of your Application for Admission into JUC - IHLS prior to June 1 if entering the Fall Semester and prior to December 1 if entering the Spring Semester.

PLEASE NOTE THAT ALL FIRST TIME STUDENTS MUST ENROLL FULL-TIME AT JUC. Full-time is defined as a course load no less than 12 semester hours.

1) A clear and legible copy of the identification page of your current passport, as well as the passports of any dependents accompanying your application.

NOTE: Your passport must be valid for six months beyond the full period of the student visa. Because the visa is generally valid for 12 months, your passport should be valid for a minimum of 18 months beyond the start date of the semester for which you are applying.

2) Two original OFFICIAL color passport photographs (in addition to the two required to accompany this application)

3) City, State, Country of residence, one month prior to departure ________________________________

4) Proof of Health Insurance while studying in Israel.

5) Your Father's Name __________________________________________________________

6) Your Mother's Name ______________________ Mother's Maiden Name: ___________________

7) Your maiden name (if applicable) ________________________________________________

8) The dates of any previous stays in Israel ____________________________________________

9) Have you been in Israel before: Y or N

10) If so, was your stay ever cancelled: Y or N and if Yes, why? _____________________________

11) What are your means of support for your time in Israel? _______________________________

12) If you are planning on entering Israel before the start of the semester, please indicate the date, with an explanation as to why. ________________________________

When your visa has been granted, the Ministry of Interior in Jerusalem will inform the Israeli Embassy or Consulate that is responsible for the city and state of your official residence. JUC - IHLS will inform you when this happens. You must then contact that embassy or consulate and arrange for the visa to be affixed to your passport. Please note that your visa will refer to JUC by its Israeli name, the Institute of Holy Land Studies.
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