

Name (last, first, middle) \_\_\_\_\_ M/F \_\_\_\_\_

Student ID \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Email \_\_\_\_\_

Date of birth \_\_\_\_\_ Social Security number \_\_\_\_\_

Matriculated: Which degree/certificate are you pursuing? \_\_\_\_\_

Nonmatriculated:  Credit  Non-credit  Transfer (school) \_\_\_\_\_

Anticipated graduation date \_\_\_\_\_

For Boston-area students:

Renaissance  Yesod  ACE  Sha'arim  Expansion  Other \_\_\_\_\_

Fall  Spring

Course number	Course title/Instructor	Credit or non-credit

Adviser's name \_\_\_\_\_ Signature/Date \_\_\_\_\_

Submit completed form with payment covering tuition plus a \$100 registration fee (if taking courses for credit) or \$50 (for non-credit courses). Checks should be made payable to Hebrew College. Registration forms must be received *before* the first day of class; otherwise a \$50 late fee will be charged. Mail to Registrar, Hebrew College, 160 Herrick Road, Newton Centre, MA 02459, or fax credit card information to 617-559-8601. We do not accept registration by phone.

**Forms will not be processed without registration, tuition and applicable fees.**

Credit card:  Visa  MasterCard \_\_\_\_\_ Expiration date \_\_\_\_\_

Credit card number \_\_\_\_\_ Card security code \_\_\_\_\_

Registration fee \_\_\_\_\_ + Tuition \_\_\_\_\_ = Total \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_