



THE HEBREW UNIVERSITY OF JERUSALEM  
ROTHBERG INTERNATIONAL SCHOOL  
*Study Abroad Approval Form*  
(For One Year/Semester Program applicants only)

Please submit this form to the Office of Academic Affairs with the accompanying application for admission.

NAME OF APPLICANT \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ SOCIAL INSURANCE NUMBER \_\_\_\_\_

WILL YOUR SCHOOL PAY ANY PART OF TUITION AND FEES?  YES  NO

*This form must be completed by the advisor, dean, registrar, or school official with the authority to approve the applicant's course of study abroad.*

**To the school official:**

Has the applicant received the necessary approval from your institution to study abroad?  YES  NO

Will the credits earned by this student at Hebrew University be accepted toward this student's degree program?  YES  NO

Yes, if the student meets the following conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

City/Province/Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Institutional Seal or Official Stamp**

Return to: Office of Academic Affairs – 3080 Yonge Street Suite 5024, Box 65, Toronto, ON M4N 3N1  
Telephone: 416-485-8000; Fax: 416-485-8565. E-mail: admissions@cfhu.org