

Name (last, first, middle) _____ M/F _____

Student ID _____

Address _____

City _____ State _____ ZIP _____

Phone (day) _____ (evening) _____ (cell) _____

Email _____

Date of birth _____ Social Security number _____

Matriculated: Which degree/certificate are you pursuing? _____

Anticipated graduation date _____

Nonmatriculated: Credit Noncredit Cross-registration (School) _____

For Boston-area students

Renaissance Yesod ACE Sha'arim Expansion Other _____

Summer Fall Spring

Course #	Course title/Instructor	C=Credit NC=Noncredit

Adviser's name _____ Adviser's signature/Date _____

Submit completed form with payment covering tuition plus a \$100 registration fee (if taking courses for credit) or \$50 (for noncredit courses). Registration must be received, with payment, no later than one week before course start date. Registrations received after that date will incur a \$50 late fee. **Mail to:** Registrar, Hebrew College, 160 Herrick Road, Newton Centre, MA 02459, or fax to 617-559-8601. We do not accept registration by phone. **Forms will not be processed without tuition, registration fee and other applicable fees.**

Payment type: Check enclosed (payable to Hebrew College) Visa MasterCard

Name on card _____ Exp. date _____

Credit card number _____ Card security code _____

Registration fee _____ + Tuition _____ = Total _____

Signature _____ Date _____

Registration is only confirmed when you receive a copy of your course schedule in the mail. If you do not receive such confirmation, please contact the registrar's office to check on the status of your registration.