



Please  
attach  
3 I.D  
pictures

בס"ד

## APPLICATION FORM THE MECHINA

(English Print) Last Name \_\_\_\_\_ First Name \_\_\_\_\_

(Hebrew Print) Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Passport # \_\_\_\_\_ Nationality \_\_\_\_\_

Current Address \_\_\_\_\_

City State Zip Country \_\_\_\_\_

Phone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

Email Address \_\_\_\_\_

Gender: Male / Female    Marital Status: S / M / D / W    Number of Children : \_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Country of Birth \_\_\_\_\_ DD MM YYYY

Status: Tourist / Oleh Chadash (New Immigrant)

Date of Aliyah \_\_\_\_\_ Were did you make Aliyah from (City Country) \_\_\_\_\_

Would you like to apply for a Dorm-room? Yes / No

Made Aliyah with: Parents / Siblings / Husband / Wife / Alone

Father's Name: \_\_\_\_\_ Country of Birth \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Country of Birth \_\_\_\_\_

Contact Details of Parents (if currently abroad): (To be contacted in case of emergency)

Full Address \_\_\_\_\_

Home Phone No. \_\_\_\_\_

Father's Mobile No. \_\_\_\_\_ Mother's Mobile No. \_\_\_\_\_

Email Address: \_\_\_\_\_

Details of a Relative or a Close Friend in Israel: (To be contacted in case of emergency)

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Full Address \_\_\_\_\_ Relation: \_\_\_\_\_



**Education:**

Year of Graduation \_\_\_\_\_ SAT's (or Psychometric) Score: \_\_\_\_\_

**Name / Period of Study / Degree**

High school

\_\_\_\_\_

College / University

\_\_\_\_\_

Jewish Institutions

**Army Service:**

1. I Served \_\_\_\_\_ years, from \_\_\_\_\_ to \_\_\_\_\_

2. I did not Serve

3. I Served abroad : Country \_\_\_\_\_ No. of years \_\_\_\_\_

Which Health insurance do you have: \_\_\_\_\_?

Do you have any special health problems: \_\_\_\_\_?

_____	_____
Date	Applicant's signature

**Please include the following with this application form:**

- 3 Pictures
- High School Diploma + Grade Sheet
- \$100 Registration Fees
- Ulpan Diploma (if available)
- Copy of ID Card or Passport (details page)
- Copy of Health Insurance Card (if available)

1. I hereby agree to pay the full tuition for this program \_\_\_\_\_, including all students' fees and all other required fees as detailed from the instructions detailed on the University's website ([www.biu.ac.il/Dean](http://www.biu.ac.il/Dean)), and all decisions made by the University's authorities, which may vary from time to time.
  
2. I am well aware that any delay in payment of said fees will result in overdue fines in linkage rates posted on the University's website. I am also aware that regardless of any other legal remedies in such matters, the University is entitled to take different actions (such as discontinuing my education or services rendered, etc.), all included in the relevant abovementioned instructions.
  
3. I am aware that in all matters regarding debts, unpaid fees and standing debts, the University's records will be considered evidence in my case.
  
4. I hereby agree to resolve all tuition payment issues within 90 days from the first date of studies at the latest.
  
5. I am fully aware that should I unregister from the program before the first semester has began, I will be charged with the cost of a Summer Ulpan, and at any case, with no less than 25% of the full program's tuition fees.  
I am also aware that should I unregister from the program after the first semester has began but before it has ended, I will be charged with 50% of the full program's tuition fees.
  
6. I confirm that I was informed of the University's policies and requirements regarding studies discontinuation notice, and the different rates to be charged pending date of discontinuation notice. I am also aware that in addition to the aforementioned requirements, the studies discontinuation notice will go into effect if and only if and when my notice is received in writing by registered mail or by personal delivery with a signed approval of acceptance by the Mechina office, and that any other form of discontinuation notice is null and void.  
I hereby agree to act according to the conditions detailed above and pay the remaining sum of my debt to the University accordingly.

_____	_____
Date	Applicant's signature

Please send this application form via email: [mechina.office@biu.ac.il](mailto:mechina.office@biu.ac.il)