Questions:
1) Submit your questions using the information request submission form on this website. OR
2) E-mail the admissions dept. at admissions@juc.edu OR
3) If you are a North American, you may call our North American Office at 1-800-891-9408 or 1-815-229-5900.
All other applicants please call our Jerusalem Office at 972-2-671-8628 (Note: you must dial your international long distance operator number first.)
SHORT-TERM STUDIES
Group Application

RETURN THE COMPLETED PACKAGE TO:

Jerusalem University College
Office of Admissions
4249 East State St., Suite 203
Rockford, IL 61108

(Due 3 months before course begins for groups attending regularly scheduled programs)
(Due 6 months before course for all Special Groups - Program E)

Program:  
- A  The Geographical and Historical Settings of the Bible (*four semester hours of credit*)
- B  Jesus and His Times (*two semester hours of credit*)
- B  Paul and Hellenistic World (*two semester hours of credit*)
- C  Pastor - Parishioner Study Tour (*housing is hotel accommodations only*)
- D  Archaeology: Field Excavation (*semester hours of credit to be arranged*)
- E  Special Group (any group not attending a regularly scheduled program)

Housing:  
- On-campus dormitory (not available for program C). Dorm housing is available on a first come basis. After dorms are filled, additional participants requesting dorm housing will be placed in hotels at the hotel rate.
- Hotel - double occupancy (additional fee, except for program C)
- Hotel - private room (additional fee)

Option:  
- Jordan field trip optional excursion following program A or E only (additional fee)

Arrival Date in Israel (from published schedule or per prior arrangement for program E): ______________
Departure Date from Israel (from published schedule or per prior arrangement for program E): ______________

GROUP INFORMATION

Group Name: ________________________________________________________________

Organization: ________________________________________________________________

Address ____________________________________________________________

Street or Box  City  State  Postal Code  Country

Telephone: ____  ____  ____  Fax: ____  ____  ____  E-Mail address________________________

Group Leader: _________________________ (provide information on group list page for yourself and each participant.)

Associated Leaders: _________________________________________________________

Instructor Preference (by name): ______________________________________________

Note: every effort is made to obtain the instructor you prefer. However, no guarantee can be made due to availability, scheduling conflicts and etc.

FOR USE BY ASSOCIATED SCHOOL REGISTRAR (or Academic Dean, or Designated Representative):

Please verify by signing below that all participants in your group are students in good standing at your institution, that they meet the minimum G.P.A. requirements (2.0 on a 4.0 scale); and that you recommend them for short-term studies at Jerusalem University College. Please confer with your Dean of Students to confirm that the applicants have no disciplinary problems.

Applicant’s GPA  Registrar’s (or Representative’s) Signature  Date  Seal or Stamp
GROUP FEES TO ACCOMPANY THIS APPLICATION (Either $215 per person for programs A, C or E; $180 for program Jesus and His Times; or $150 for all other programs.)

1. Application Fee- $50.00 (US), non-refundable  x ___ participants = $________
2. Deposit- $100.00 (US), refundable up to 30 days prior to program  x ___ participants = $________
3. Materials- $65.00 (US), non-refundable, required for program A, C AND E participants
   x ___ participants = $________
4. Materials- $43.00 (US), non-refundable, required for Jesus and His Times
   x ___ participants = $________
   Total $________

ADDITIONAL COMMENTS

Please add any additional comments regarding your program.

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, signatures 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 regular program start date desired or 6 months prior to the special program 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.

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 _______________  Group Leader Signature _________________________________________

FOR OFFICE USE ONLY

☐ Application form completed
☐ Application fees included
☐ Deposits included
☐ Materials Fees
☐ Medical Report and Statements and Agreements completed and signed

Decision: ____________________ Date: ____________
STATEMENTS AND AGREEMENTS

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: I have read the above Statement of Standards and understand that I will be living in Israel under the auspices of the Jerusalem University College. I also understand the Christian frame of reference in which I will be living. Should I abuse my relationship to the university, I realize that the university has the responsibility and the authority to sever this relationship and to arrange for my return to my country, at my expense. I also understand that as well as being subject to the rules and regulations of Jerusalem University College, I am subject to the rules and regulations of my home institution (if I am currently enrolled elsewhere). I, therefore, agree to strive to the best of my judgment to fit into life at the university and to be a responsible participant in the program to which I am admitted.

GROUP LEADER PLEASE INITIAL HERE YOUR AGREEMENT WITH PART A

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 choose one of the following:

1. Obtain an insurance policy in your home country which will cover you while in Israel. 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 should plan on bringing 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.
2. Obtain hospitalization insurance coverage through the Student Group Hospitalization Policy of the university. There is no insurance coverage for over age 55 and is not valid for Egypt or Jordan. This policy does not cover medical problems of which the student was aware prior to arrival in Israel. The coverage is costly and may not be on a par with your own. A statement of the limits of coverage is available upon request.

This disclosure is written to make you aware of these facts. Should you have specific questions concerning any aspect of the program, please feel free to contact our offices in Rockford, Illinois, or Jerusalem.

**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.

**GROUP LEADER PLEASE INITIAL HERE YOUR AGREEMENT WITH PART B**

**Part C: Waiver of Responsibility**

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. 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.

**GROUP LEADER PLEASE INITIAL HERE YOUR AGREEMENT WITH PART C**

Group Leader must choose either (1) to assume responsibility for each participant and the group as a whole, by initialing the above three agreements and signing with witness below or (2) to copy these statements to and secure each participant’s signature covering the Statement of Standards, Disclosure Statement, and Waiver of Responsibility:

1. EITHER I accept complete responsibility for fully informing each group participant of the facts contained in the Statement of Standards, the Disclosure Statement, and the Waiver of Responsibility. I accept on behalf of my group both individually and in whole, each agreement, and I absolve the university, its directors, employees, their families and heirs of responsibility for each participant and the group as a whole in the above stated areas.

   **Signature of Group Leader:** ____________________________ **Date:** ______________

   **Signature of Witness:** ________________________________ **Date:** ______________

2. OR Each Participant must sign the following agreements.

   **Agreement:** I have read the above Statement of Standards and understand that I will be living in Israel under the auspices of Jerusalem University College. I also understand the Christian frame of reference in which I will be living. Should I abuse my relationship to the university, I realize that the university has the responsibility and the authority to sever this relationship and to arrange for my return to my country, at my expense. I also understand that as well as being subject to the rules and regulations of Jerusalem University College, I am subject to the rules and regulations of my home institution (if I am currently enrolled elsewhere). I, therefore, agree to strive to the best of my judgment to fit into life at the university and to be a responsible participant in the program to which I am admitted.

   **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.

   **Agreement:** I have read the above 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, its directors, employees, their families, and heirs of responsibility for me in the above stated areas.
I have read the three statements and accept the three agreements on the preceding pages of this application form as evidenced by my signature and witness as follows.

I also verify that I am in good health able to participate in this STRENUOUS program which consists of STAIR CLIMBING and SUSTAINED HIKING, OFTEN IN RUGGED AND ROCKY TERRAIN.

Signature of Participant

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Signature of Witness

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ALL PARTICIPANTS MUST SIGN THIS PAGE AND BE WITNESSED UNLESS GROUP LEADER HAS INITIALED, SIGNED AND BEEN WITNESSED ON THE ENTIRE GROUP’S BEHALF.

PLEASE COPY IF FURTHER SIGNATURE SPACE IS REQUIRED
PLEASE COPY AS NEEDED
FOR EACH INDIVIDUAL IN YOUR GROUP

PERSONAL INFORMATION

Name (Dr./Mr./Mrs./Miss/Ms.) ____________________________________________________________
(Please Circle one) Family name First name Middle name

Mailing Address _______________________________________________________________________
Street or Box City State Postal Code Country

Telephone: home ____  ____________ work ____  ____________     Fax: ____  _____________

DOB: (mo/dy/yr) _______ Social Security # (U.S. citizens only) ___________ Current School: _____________

Denominational Affiliation: _______________________ Occupation: _____________________

 Male     Female    Citizen/Passport of what country? _______________________________________

Passport Nu: _______________ Issue Date (mo/dy/yr)______________ Expiration Date (mo/dy/yr)________

Marital Status:     Single     Married    E-Mail address_______________________________________

Family Members Accompanying You:     Spouse     Children (give ages please) ________________

In case of an emergency, notify: ___________________________________________________________

Name Address   Phone number

Rooming Preference ONLY for individuals that are part of groups choosing HOTEL ACCOMODATIONS:

 Double/Triple HOTEL* - Choice of Roommate(s): ____________________________________

 Private Room HOTEL* (additional fee)

*Please note that on field trip overnights to some locations, private or double accommodations may not be available.

REQUIRED HEALTH STATEMENT - PART I

Please indicate past AND present illnesses or conditions:

Allergies __________________ Amoebic dysentery ___________ Hepatitis ______________ Paralysis ______________
*Asthma __________________   *Hypertension ______________ Pneumonia __________________
*Diabetes __________________ Infectious mononucleosis ___________ Tuberculosis ______________
*Epilepsy __________________ *Kidney trouble ______________ Ulcers __________________
*Foot/leg difficulties ___________ *Pregnancy ______________ Other __________________
*Gastro-intestinal ______________ Malaria ______________ HEIGHT:_____________________
*Heart __________________________ Migraine headache ___________ WEIGHT:_____________________

*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

*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.
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

Vision: Normal ______ Abnormal ______ Back: Normal ______ Abnormal ______
Hearing: Normal ______ Abnormal ______ Feet: Normal ______ Abnormal ______
Heart: Normal ______ Abnormal ______ Legs: Normal ______ Abnormal ______
Lungs: Normal ______ Abnormal ______ Neurological: Normal ______ Abnormal ______
Abdomen: Normal ______ Abnormal ______ Emotional Stability: Normal ______ Abnormal ______
Menstrual: Normal ______ Abnormal ______

LAB WORK: If indicated

Hemoglobin __________________________________ Uranine (routine) ________________________________
W.B.C. ________________________________________ Other _______________________________________

PHYSICAL ACTIVITY:

Restricted _______ Unrestricted _______
Duration _____________________________________ Reason for restriction _________________________________

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 illness or disorder and the treatment/medications; 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 STRENUEOUS, 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 ________________________________________________
Address _________________________________________________________________
City, State, Zip __________________________________________________________
Area Code and Telephone Number: _______________________________________
Doctor's Signature ________________________________________________________
CITIZENS FROM THE FOLLOWING COUNTRIES ARE EXEMPT FROM OBTAINING VISAS PRIOR TO ENTERING ISRAEL¹: Citizens of countries not on the following lists must obtain visas prior to entry to Israel. Students requiring visas should contact the closest Israeli embassy and apply through them for their visa. All students must have a passport which is valid for at least 6 months after your departure date.

EUROPE
Andora
Austria
Belgium
Bulgaria
Croatia
Czech Republic
Cyprus
Denmark
Estonia
Finland
France
Germany (persons born after 1/1/28)
Gibraltar
Great Britain
Greece
Holy Vatican
Hungary
Iceland
Ireland
Italy
Latvia
Liechtenstein
Lithuania
Luxemburg
Malta
Monaco
Norway
Poland
Portugal
San Marino
Slovakia
Slovenia
Spain
Sweden
Switzerland
The Netherlands

ASIA & OCEANA
Australia
Fiji Islands
Japan
Hong Kong
Mongolia
New Zealand
Singapore
South Korea
The Philippines
Vanuatu

THE AMERICAS
Argentina
Barbados
Bolivia
Brazil
Canada
Chile
Columbia
Costa Rica
Dominica
El Salvador
Ecuador
Grenada
Guatemala
Haiti
Jamaica
Mexico
Panama
Paraguay
St. Kitts & Nevis
St. Lucia
St. Vincent and the Grenadines
Surinam
Trinidad & Tobago
The Bahamas
The Dominican Republic
Uruguay
United States

¹ As published by the Ministry of Tourism, July, 18, 2007. Jerusalem University College is not responsible for errors related to this list.
PLEASE READ THESE INSTRUCTIONS CAREFULLY

We have received your request for a Short-Term Group application form and information concerning the programs at Jerusalem University College. We have enclosed this group application form for the enrollment of your students.

Please read over the group application form very carefully. The group leader is responsible to assemble all the required personal information, fees, and signed Statements and Agreements and send the entire completed package to the Rockford, IL office. An acceptance letter will be sent for the group to the leader along with the Short-Term Student Manual. Only complete applications with all appropriate fees will be processed.

1. We require a $50 application fee (non-refundable), $100 deposit fee (refundable), (and $65 Study Materials, Regions on the Run, 7 part Map package, Historical Geography Notebook, and the Map Syllabus, the latter two of which will be received in Israel), for each student applying for either Program A or C or E. The Regions on the Run and Map Package will be sent in one shipment to the group leader for distribution. For the program Jesus and His Times an additional $30 for materials is required. THESE MATERIALS FEES ARE NON-REFUNDABLE

2. As group leader you must choose: a) either to assume responsibility for each participant and the group as a whole, signified by your initials and signature; or b) to secure each participant’s signature covering the Statement of Standards, Disclosure Statements, and Waiver of Responsibility.

3. The “Health Statement - Parts I and II” must be copied, distributed and completed by each student. The Health Statement Part II - Physician’s, need only be copied and distributed to those in your group who are 50 years of age or more or who check any of the illnesses marked with an asterisk.

4. If you are staying on campus and have married students requesting double room accommodations on-campus, this must be indicated beside their names on the list of participants. An additional fee is required for these accommodations (see fee schedule). Please note that on-campus double/private is very limited and people making these requests may be placed in off-campus housing at off-campus rates.

5. Group bus transfer from Ben Gurion Airport to Jerusalem and return after your program is $1,082.00 with a minimum of 25 students required. Otherwise, for approximately $20 U.S. per person one way, your students may take sheruts (8 seater taxis) from directly outside the airport to Jerusalem University College. JUC will arrange sheruts for your group from the school to the airport if you have not arranged for a bus. (Instructions to the school for drivers will be located in the Short-Term student Manual.)

6. The current group leader special offer is that for every 15 paying participants, one person will have their program fees waived. This may extend to their international travel if Jerusalem University College’s recommended travel service is utilized for all participants.

7. The completed group application form, with fees, is due three months before the regular scheduled program or 6 months before any special program you are planning.

8. If a student is interested in taking the program for graduate credit, they simply need to notify the registrar and instructor once they arrive at Jerusalem University College.

9. If you have any foreign students in your group, please note the page that lists countries exempt from obtaining visas to enter Israel. Citizens of countries not on those lists must obtain visas prior to entry to Israel. Please have those students contact their nearest Israeli Consulate to obtain a visa. If they are going to Jordan as well they will need a multiple entry visa for Israel. PLEASE NOTE: STUDENTS REQUIRING A VISA MUST APPLY FOR IT THEMSELVES THROUGH THE NEAREST ISRAELI CONSULATE.

10. For credit programs, upon completion of the course, an official group transcript will be sent to the group’s home institution. Each student will also receive an issued-to-student transcript. Additional official or student transcripts may be requested and paid for in accordance with the current fee schedule.
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