



**Registration for the intensive Hebrew course – 2017/2018**

Name \_\_\_\_\_  
Last First

I.D. No. \_\_\_\_\_ /or \_\_\_\_\_  
Pass. No. Citizenship

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_ Male/Female

Education : no. of school years \_\_\_\_\_ Degrees \_\_\_\_\_

Permanent Address

\_\_\_\_\_

No.	Street	City	Country	Zip Code
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Tel. No. \_\_\_\_\_ Fax \_\_\_\_\_ Cel. No. \_\_\_\_\_

E. mail address \_\_\_\_\_

1. Are you registered at Tel-Aviv University for 2015/2016? yes / no

2. Which of the following courses are you interested in?

Winter Course (Feb) \_\_\_\_\_

Summer Course: a. (Aug, Sep) \_\_\_\_\_ long course b. (Aug) \_\_\_\_\_ short course.

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**knowledge of Hebrew**

speaking \_\_\_None\_\_\_Poor \_\_\_Fair \_\_\_good \_\_\_excellent

writing \_\_\_None\_\_\_Poor \_\_\_Fair \_\_\_good \_\_\_excellent

reading \_\_\_None\_\_\_Poor \_\_\_Fair \_\_\_good \_\_\_excellent

Previous courses: 1. \_\_\_\_\_, for \_\_\_\_\_ months/years

2. \_\_\_\_\_, for \_\_\_\_\_ months/years

Were your parents born in Israel? \_\_\_\_\_

Do they speak Hebrew? \_\_\_\_\_

\_\_\_\_\_ date

\_\_\_\_\_ signature

128אילפי-

**Our Address: 30 Haim Levanon St. Ramat-Aviv, Tel-Aviv Zipcode:6997543**

**Phone Number: +972-3-6408947**

**Email: Hebrew@post.tau.ac.il**