



Registration for the intensive Hebrew course – 2016/2017

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

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.

=====

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

128אילפן-

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Email: Hebrew@post.tau.ac.il