

Terms and Conditions

1. I understand that upon my admission to the University of Haifa, my signature on this application form constitutes an agreement between myself and the University as to the terms of my compliance with all University regulations as well as the decisions of the University authorities.
 2. The University will not be liable for any accident caused to me, and I hereby waive and release the University and its respective officers, employees and agents from any and all claims for any injury, damage, loss or expense arising from:
 - A. any illness or accident suffered by me, whether the injury, damage, or loss or expense occurs during the period of my participation in the program or while I am in transit between my home and the University.
- Note:** Students in the International School, like any other University of Haifa students, are insured by the University of Haifa against damage caused by negligent acts or omissions on the part of the University of Haifa or its employees, sustained either on the grounds of the University, or while participating in activities initiated by the University, even if they are outside the campus grounds.
3. The University is not liable for any loss or damage to my property. Therefore, it is recommended that I arrange in advance of my departure, adequate insurance coverage for theft, loss or damage to any personal belongings of material value which I may take with me.
 4. All students in the International School must have a valid health insurance policy for the duration of their studies in Israel. The University of Haifa provides students with an Israeli health insurance for their period of study. If a student does not qualify for the Israeli health insurance, then the student must arrange health insurance independently. This policy may be an extension of the student's family health coverage or a policy issued by the student's home university, but must be valid for Israel.
 5. I am aware of and accept the University of Haifa regulations prohibiting the possession, use, sale or transmission of marijuana, hashish, or any other illicit drugs or narcotics. I understand that any student admitting to or found guilty of such may be subject to unconditional dismissal from the University, without any recourse.

Signature of Student: _____

6. The provisions of the University and its regulations are subject to changes by the authorized entities. Any change made during the year shall apply to all students or to some of them, as the case may be, without imposing any responsibility or liability on the University in this regard. Without derogating from the generality of the aforementioned, the University may change the manner, structure, method, location, period (shortening or extending) of any service, class, unit or curriculum, at the discretion of the authorized entities, including during the academic year, and reaching a decision in regards to said change shall not be viewed as a breach of any obligation of the University towards its students. Prior to the commencement of the academic year or during the academic year, the institutions of the University may reach a decision regarding the partial operation of the University or the complete closing thereof, cancelation of any service, class, unit for any period of time due to unexpected circumstances and/or practical constraints and/or special conditions that are not within the control of the University, which shall prevent the continuation of the regular activities of the University as planned (such as University budget cuts), and reaching such a decision shall not be viewed as a breach of any obligation of the University towards its students. The University management reserves the right to make changes in the curriculum and the list of classes and to provide notice of the cancellation of courses for which there is a small number of registrants. If said decision is made, the University shall notify its relevant students, stating the outcome of the decision.

I certify that the information given on this application is correct to the best of my knowledge.

Name of Student: _____

Signature of Student: _____

Passport Number: _____

Date: _____