

Transcript Request Form
International School University of Haifa

First Name: _____ Last Name: _____ Maiden Name: _____

Street: _____ City: _____ State: _____

Zip Code: _____ Country: _____ Telephone: _____

E-mail: _____ Today's Date: _____

SSN: _____ Passport #: _____ Israeli ID #: _____

Choose one:

I took a NAZAM Hebrew exam at the
University of Haifa through the Kibbutz Ulpan
Program on: _____ (insert date)

I attended the University of Haifa in (check all
that apply):

Summer

Fall

Spring

Year(s): _____

Total Number of Transcripts to be sent: _____

Address for transcript to be sent to:

Address for transcript to be sent to:

Comments:

Cost:

Official transcripts are \$17 for the first copy and \$3 for each additional copy requested at the same time. Add \$25 per address for expedited, 72-hour delivery.

Total Amount Included: _____

Please send this form and your check made payable to "The University of Haifa" to:

International School
University of Haifa
199 Abba Khoushy Blvd.
Haifa, Israel 3498838