

## **Transcript Request Form**

## International School University of Haifa

	Last Name.	Maiden Name:
~	~	~
Street:	City	:State:Telephone:
Zip Code:	Country:	1elepnone:
SSN:	Passport #·	Today's Date: Israeli ID #:
5511		
		ose one:
I took a NAZAM H	lebrew exam at the	I attended the University of Haifa in
University of Haifa	a through the Kibbutz	(check all that apply):
Ulpan Program on	n:(insert date)	Summer
		Fall
		Spring
		Spring
Address for transcript	t to be sent to:	





## Cost:

Official transcripts are \$17 for the first copy and \$3 for each additional copy requested at the sar	ne
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

