

Program in Jewish Studies Placement Questionnaire for Registration in Hebrew

Last Name: UWO Email Address:		one):			Student Number: Phone Number:						
nit of Registration (Cho Huron:					King's:			Brescia: _			
nckground Information Have you ever studied H		whether	formally	or inform	ally)?	Yes:		No	:		
If "Yes", indicate all scl a. In a Hebrew Day Name of school:	School:		•	•	les:			No	0:		
Name of school: Grades: 1	2 3	4 _	5	6	7	8	9 _	10	11	12	
b. Through a heritag	ge program, Jew	ish after	noon sch	ool or Su	nday scho	ool progra	m. Ye	es:	No:		
Name of school: Grades: 1	2 3	_ 4 _	5	6	7	8	_ 9 _	10	11	12	
c. In an Ulpan or oth Name of school:	ner language ins	stitute.		1	Yes: Level(s):			No	o:		
d. In elementary or l Name of school:	•								o:		
Grades: 1	2 3	_ 4 _	5	6	7	8	9 _	10	11	12	
e. Informally Explain:					Yes:			No	o:		
Have you ever visited Is	rael or lived the					Yes: _		N	No:		
a. If "Yes", please in	ndicate how lon	ig and gi	ve further	r details o	f your sta	ıy:					
Is Hebrew spoken in your home?					Yes:			No:			
Please add any further c	omments you n	nay have:	:								
AD AND CHOOSE ON	NE OPTION										

Calendar. Penalties for false declarations range from a written reprimand to a grade of "F" in this course. You may lose some or the entire tuition fee for the course as well as receive a formal notation on your academic record.

Accept: _____ Decline: ____ I have read the terms and conditions stated above, and I accept them.