

Application Form for Non-JTS Students Only

Mail this form with payment in full (US funds only, payable to JTS) to:
 Summer Sessions, Box #65
 The Jewish Theological Seminary
 3080 Broadway
 New York, NY 10027-4649

Please see the Information page.

Last Name	First Name	Middle Initial
Social Security Number	Date of Birth	Sex <input type="radio"/> Male <input type="radio"/> Female
Permanent Address	Street	
City	State	ZIP Code
Telephone/Cell ()	Email Address	

How did you hear about the JTS Summer Sessions? Postcard Web search Print Ad Other:

Mailing Address (if different)	Street	
City	State	ZIP Code
Telephone ()	Cell Phone ()	

Course Number	Title	Session or Hebrew Program	Time	Credit or Audit?*	Cost

*** Hebrew language classes may be taken for credit only.**

College transcript
 You must submit an **official** copy of your most recent transcript with this form.

Application Fee		
Registration Fee	Summer Session I	
	Summer Session II	
	Summer Session III	
Student Activities Fee	Summer Session I	
	Summer Session II	
	Summer Session III	
	TOTAL	

Student's Signature (Application not processed without signature) _____ Date _____

Please make your check payable to **The Jewish Theological Seminary**. If you prefer to pay by credit card, your signature below gives us permission to charge your credit card for any balances owed. A 3% surcharge will be applied to credit card transactions to offset the charge imposed upon us by the credit card company.

Credit Card Type <input type="radio"/> VISA <input type="radio"/> MasterCard <input type="radio"/> American Express <input type="radio"/> Discover
Credit Card Number _____ Expiration Date _____
Name as it appears on Card _____ Signature of Cardholder _____

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