



Jewish University System

Enrollment Application **Religious Modifier Degrees**

I. Personal Information

Student First Name: _____ Last Name: _____
Date of Birth: _____
Address: _____ Apt. No.: _____
City: _____
State/Province: _____ Zip Code: _____
County/ Province: _____ Country: _____
Identification No.: XXX-XX-_____ (last four digits only).
Home Phone: _____ - _____ Wireless Phone: _____ - _____
Email address: _____
Employer: _____
Undergraduate Degree Institution: _____
Master Degree Institution: _____

Statistic purpose only (Optional)

Gender: _____ Ethnic background: _____

We have to thank our alumni, friends and colleagues for their referrals, please let us know how you learned about our institution. _____

II. Academic Programs Offerings (30-to-60 semester credits hours).

Doctor in Psychology with Religious Modifier
Doctor in Educational Leadership with Religious Modifier
Doctor in Religious Studies
Doctor in Jewish Studies

III. Name of the Program Selected

IV. Undergraduate Tuition and Required Fees

- | | |
|-----------------------------|---------------------------|
| 1. Enrollment Application | US\$49.00 once time only |
| 2. Doctoral Program Tuition | US\$2,691.00 |
| 3. Graduation Fee | US\$340.00 once time only |

VII. The student **has read** and **accepted** this enrollment application conditions and disclaimer.

Electronic Student Signature

Date

Mailing address
Weston, Florida
www.JewishUniversitySystem.net