

The Thomas C. Oden Patristic Studies Institute

# Semester Programmes

## Application Form

### 1. Personal Information

Last Name:		First Name:		Middle	
Mailing Address:					
Telephone:		Fax:		Cell:	
Email:		Website:			

### 2. Passport Information

Number:		Date of Birth:		Expiry Date:	
Citizenship:		Issued at:			

### 3. Language Proficiencies (Please indicate degree of fluency on scale of 1-10).

Language	Speaking	Reading	Writing

### 4. Education

Date(s)	Institution	Major Subject	Degree Received

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5. My current course of study/place of work:

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6. Credits received at TOPS

- a) have been
- b) have not been
- c) will be

approved by my current academic institution.

7. I would like to study at TOPS

- a) As part of a degree program at another institution
  - b) As a full-time student
  - c) Other:
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8. I would like to enroll in the:

- a) Winter Semester (September–December)
- b) Spring Semester (January–April)
- c) Both

*I hereby certify that all the information submitted is complete and correct.*

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## APPLICATION PROCEDURE

Please note the following documents must accompany the completed application form and be sent at least 60 days in advance of the program start date.

1. Curriculum vitae.
2. List of publications.\*
3. Research proposal (750 words maximum).\*
4. Two academic references sent directly to our offices by the recommending parties.
5. Copies of your academic certificates.
6. A copy of your passport (showing your photo, name, number and date of validity).

\*If applicable

**Send documents to: TOPS. POB 32030, JERUSALEM 91319, ISRAEL**