

2024-25 HTC ISRAEL OPTION PARTICIPATION AGREEMENT

Dear Student,

Welcome to Hebrew Theological College! As you prepare for your year of study in Israel, we are pleased to offer you HTC's Israel Option. Your participation is contingent upon adhering to the guidelines of the program and submitting all the required documents outlined in this letter.

PLEASE READ CAREFULLY BEFORE SIGNING

Enrollment Requirements:

- I understand that acceptance to the Israel Option is contingent upon the completion of all admission requirements and acceptance to Hebrew Theological College. To apply, visit www.htc.edu/apply.
- I understand that the Israel Option is the first year of my baccalaureate degree at Hebrew Theological College.
- I understand that students are expected to complete their undergraduate studies at Hebrew Theological College.
- I am not holding a deferral at another institution of higher education while enrolled in HTC and participating in the Israel Option.
- I agree that I will not withdraw from the stipulated institution or enroll in another institution without contacting the Registrar's Office of Hebrew Theological College.

Requirements in Israel:

- I agree to participate in all HTC meetings and programs scheduled specifically for Israel Option students in Israel. These include presentations by rabbinic staff, faculty and deans geared to assist in academic planning.
- I agree to submit a signed completed Hebrew Theological College IP Semester Schedule Form to the Registrar's Office of HTC within three weeks after classes begin each semester in Israel. I understand that these forms must be signed by me and a representative of my Israeli institution. (You will be contacted by HTC's Israel Liaison to assist you.)
- I agree to request official transcripts from my Israeli institution to be sent to the Registrar's Office of Hebrew Theological College at the conclusion of both the first and second semesters. I understand that it is my responsibility to ensure Hebrew Theological College receives these transcripts for me to receive credit for the year.

To participate in the Israel Option, I agree to submit the following by June 15th:

- Signed Participation Agreement - *This form*
- Payment - *See addendum for the TouroOne login and payment instructions*
- Copy of acceptance letter to the Israeli institution (if not previously submitted)
- Family Education Rights and Privacy Act (FERPA) Waiver - *Form must be delivered in person, mail or fax.*
- Immunization Record (if not previously submitted)

HTC must receive by July 30th:

- Final High School Transcript - *Must be an official copy, signed & sealed mailed by your high school directly to HTC.*

All documents (except for official transcripts and FERPA Waiver) should be scanned and emailed to the registrar at bachrach@htc.edu or faxed to (847) 745-0200.

If you have questions please contact:

Sarah Hartman Women's College of Touro
Admissions Office
2606 W. Touhy Ave
Chicago, IL 60645
Tel: (773) 973-0241
Fax: (773) 973-1627
Email: hartman@htc.edu
or mann@htc.edu

HTC's Beis Midrash and College for Men
Admissions Office
7135 N. Carpenter Rd.
Skokie, IL 60077
Tel: (847) 982-2500 ext. 1113
Fax: (847) 745-0200
Email: admissions@htc.edu

Hebrew Theological College
Office of the Registrar
7135 N. Carpenter Rd.
Skokie, IL 60077
Tel: (847) 982-2500 ext. 1128
Fax: (847) 745-0200
Email: bachrach@htc.edu



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2024-25 HTC IO Participation Agreement & Tuition Contract

Student Name _____ T-ID#: _____

Israeli Institution (Please refer to the list of participating schools listed below) _____

Home#: _____ Student's Cell#: _____

Father's Cell#: _____ Mother's Cell#: _____

Student's Email: _____

Father's Email: _____ Mother's Email: _____

HTC policy requires that all tuition payments other than the initial deposit MUST be made through HTC directly. All of your payments will then be forwarded to the Israeli school promptly. If you have submitted payments other than the initial deposit to the Israeli school please void those payments and promptly remit with this contract to HTC.

Israel Option Administrative Fee 2024-2025 (must be paid through TouchNet): _____

Less amount paid to HTC _____ (CR)

Israeli School Tuition 2024-2025: _____

Less Deposit Paid to Israeli School _____ (CR)

Less MASA Scholarship (Please include letter from MASA): _____ (CR)

Less Internal Scholarship (Please include letter from Israeli School): _____ (CR)

Less Financial Aid (Please include award letter) _____ To Be Determined (CR)

Other credit: Outside Scholarship _____ (CR)

Remaining Tuition Balance Due to HTC: _____

(Paid deposits and scholarships will be confirmed with the Israeli School. Any of the above credits which are not known and verified will be calculated as zero and adjusted when known and verified)

The remaining balance MUST be paid using the online HTC Payment Plan. This can be accessed by going to the TouroOne Portal website at touroone.touro.edu. (Please see the included sheet for full step by step instructions.)

Please Note: the payments will be processed automatically as per the terms of the payment plan selected.

Please check: (Note: This form is valid ONLY if ALL 4 boxes are checked.)

- I agree to the above terms of the Israel Option.
- I agree to the withdrawal policy. (Please refer to the Tuition Refund and Withdrawal Policy.)
- I understand that my participation in the Israel Option is subject to the policies and procedures outlined in the student handbook, which can be found online at www.htc.edu.
- I understand that it is expected that I will be enrolled and registered in a degree seeking program at Hebrew Theological College on-campus by the Fall 2025 semester. (Students who stay in Israel for a 2nd year must notify HTC and enroll on-campus by Fall 2026).

Date: ___/___/___ Student Signature: _____

Date: ___/___/___ Parent or Guardian Signature: _____

*****This Form MUST be signed by both Student and Parent*****

Schools Participating in the HTC Israel Option*

Seminaries

Aish Geshet Seminary	Machon Raaya
Ateres Bnos Yerushalayim	Machon Sara Yerushalayim
Ba'er Miriam/Mayanot	Machon Shoshanat
Bais Yaakov Seminar	Yerushalayim
Bais Yaakov Yerushalayim (BJJ)	Me'or Bais Yaakov
Beth Chana Seminary-Tsfat	Mesoras Rochel
Binas Bais Yaakov	Michlalah
Bnos Avigail	Michlelet Mevaseret Yerushalayim
Bnos Batsheva	Midreshet Harova
Bnos Chava	Midreshet Moriah
Bnos Sarah	Midreshet Tehillah
Bnos Shoshana	Midreshet Torat Chessed
Bnos Yehudis	Nachlas Bais Yaakov
Bnot Torah Institute	Nishmas Bais Yaakov
Chemdas Bais Yaakov	Pninim
Darchei Binah	Rinas Bais Yaakov
Hadar Bais Yaakov	Seminary Chaya Mushka
Keser Chaya	Sha'alvim for Women
Kitov Sachra Seminary	Tehilas Bais Yaakov
Lahav Bais Yaakov	Tiferet Center (Bet Shemesh)
Machon Bnos Yehuda (BYA)	Tomer Devora
Machon Maayan	

Yeshivos

Aderes HaTorah	Nesivos Ahron
Ateret Yerushalayim	Ohr Yerushalayim
Bais Yisroel	Or Dovid
Chofetz Chaim	Orayta
Derech Etz Chaim	Reishit Yerushalayim
Derech Ohr Samayach	Sha'alvim
Hakotel	Sha'are Mevaseret Zion
Har Etzion	Tiferet Yerushalayim
Kerem B'Yavneh	Tehilas Shlomo
Kesher	Toras Chaim
Lev HaTorah	Toras Moshe
Mercas HaTorah	Toras Simcha
Midrash Shmuel	Torat Shraga
Migdal HaTorah	Yishrei Lev
Netiv Aryeh	

Tuition Refund and Withdrawal Policy:

Any withdrawal from the HTC Israel Option must be requested in writing to the Office of Admissions and such action will jeopardize the awarding of credits and/or financial aid. Any withdrawal will be refunded according to the following schedule:

Semester to be withdrawn	Date Withdrawal Form Received by Touro Israeli representative	Amount to be Refunded
Fall semester	Prior to the start of class:	100% of Fall and Spring tuition
	During the 1st week of class	90% of Fall tuition + 100% of Spring tuition
	During the 2nd week of class	75% of Fall tuition + 100% of Spring tuition
	During the 3rd week of class	50% of Fall tuition + 100% of Spring tuition
	During the 4th week of class	25% of Fall tuition + 100% of Spring tuition
	After the 4th week of class	0% of Fall tuition + 100% of Spring tuition
Spring semester	Prior to the start of class:	0% of Fall tuition + 100% of Spring tuition
	During the 1st week of class	0% of Fall tuition + 90% of Spring tuition
	During the 2nd week of class	0% of Fall tuition + 75% of Spring tuition
	During the 3rd week of class	0% of Fall tuition + 50% of Spring tuition
	During the 4th week of class	0% of Fall tuition + 25% of Spring tuition
	After the 4th week of class	0% of Fall tuition + 0% of Spring tuition

The Israeli Institution is not obligated to follow the HTC Tuition and Withdrawal Policy. As such if you withdraw you may still incur financial obligations to the Israeli Institution.

* Note: This list is subject to change without notice.

IMPORTANT FACTS - TUITION AND FINANCIAL AID

1. The HTC ISRAEL OPTION is the first year of a baccalaureate degree program at HTC and only HTC students are eligible to participate in the ISRAEL OPTION. Accordingly, you are expected to be enrolled at a HTC Campus in the Fall 2025 semester and complete your undergraduate studies at HTC. Students may not hold a deferral at another institution during their time in the HTC Israel Option program. If you are holding a deferral at another college, you are not eligible to participate in the HTC ISRAEL OPTION.
2. As per the Application Addendum to Participate in the HTC ISRAEL OPTION, ***all tuition payments must be made to HTC and not to the Israeli Institution.*** In order to facilitate your payments, all tuition payments must be made using the HTC Online Payment Plan (please see the enclosed step by step payment instructions). If you have already submitted payments to the Israeli Institution for ***tuition***, please have these payments returned to you by the Israeli Institution.
3. If you wish to apply for financial aid for the 2024-25 academic year, you may do so once your parents have submitted their 2021 tax returns. A Free Application for Federal Student Aid (FAFSA) will need to be completed online at www.fafsa.ed.gov by August 30th. Please refer to the enclosed *HTC Financial Aid guide* for more information. Please be advised that unless your financial aid is finalized prior to the first payment date of your payment plan, your payment will be processed as scheduled. Your financial obligation will be recalculated once your financial aid is finalized. Please also note that that if we do not receive your final high school transcript by August 30th you may not be eligible for financial aid and may be required to pay out of pocket.
4. If you have any questions about financial aid please feel free to contact Ms. Naomi Shiely at (847) 982-2500 ext. 1135/ bursar@htc.edu.

Payment Instructions

1. **Sign on to the TouroOne Portal:** Sign on to your TouroOne Portal Account by going to <https://touroone.touro.edu>. You can access this site from any computer. If you are experiencing an issues logging onto your portal account, please contact the portal help desk at (855) MYTOURO (855-698-6876). **If you did not provide the college with your social security number when you applied, please contact the Office of Admissions before attempting to set up your Portal account.**
2. **All documents noted above must be returned to Hebrew Theological College by June 15** in order to receive the discounted rate of \$1,150. The discounted rate of \$1,150 will only apply if the administrative fee has been paid on TouchNet by **June 15** and all of the above documents have been received by **June 15**. If any of the above items are outstanding on June 16, the rate will go up to \$1,300 and if still outstanding by August 31, the rate will increase to \$1,450.

- ☐ Step 1: Login to the TouroOne portal: <https://touroone.touro.edu> using your portal credentials.
- ☐ Step 2: Select the “Financial Services” tab on the top of the home page.
- ☐ Step 3: Select “TouchNet” in the Student Accounts box.
- ☐ Step 4: Select “My Account,” “Payment Plan,” then “Enroll Now.”
- ☐ Step 5: Select the Term and Plan, click Continue.
- ☐ Step 6: Select Display Schedule and then Continue.
- ☐ Step 7: Select Payment Method.
- ☐ Step 8: Enter your credit card information or your checking or savings account information and Select “Continue”.
- ☐ Step 9: Review payment and click “Schedule Payment”

You will receive a message that states “Thank you, you have successfully scheduled your payment(s).” An email confirmation will NOT be sent.

If you have any log-on problems or questions about this step, please email nonstop@touro.edu and they will be happy to assist you.

3. Sign up for a HTC Online Payment Plan (available in June 2024, see below)

- ☐ Step 1: Login to the TouroOne portal: <https://touroone.touro.edu> using your portal credentials.
- ☐ Step 2: Select the “Financial Services” tab on the top of the home page.
- ☐ Step 3: Select “TouchNet” in the Student Accounts box.
- ☐ Step 4: Select “My Account”
- ☐ Step 5: Select “E-Deposits”
- ☐ Step 6: Select Applicable Terms and Verify Amount.
- ☐ Step 7: Select Payment Method.
- ☐ Step 8: Enter your credit card information or your checking or savings account information and Select “Continue”.
- ☐ Step 9: Review payment and click “Schedule Payment”.

You will receive a message that states “Thank you, your payment was processed successfully. Your enrollment in ABC Plan was processed successfully.” An email confirmation will NOT be sent.

4. Add your parent or third party as an Authorized Payer (optional)

- ☐ Step 1: Login to the TouroOne portal: www.touroone.touro.edu using your portal credentials.
- ☐ Step 2: Select the “Financial Services” tab on the top of the home page.
- ☐ Step 3: Select “TouchNet” in the Student Accounts box.
- ☐ Step 4: Select “My Account”
- ☐ Step 5: Select “Authorized Users”
- ☐ Step 6: Enter the Authorized Payer’s information and select Access Level.
- ☐ Step 7: Click Continue and then check box for Agreement and Continue.

Your Authorized Payer will be sent an email with a direct link to TouchNet and login instructions. His/her user login will be the email address you provided and the password will be provided by TouchNet for initial login. The Authorized Payer will be able to view your bills, payment plans and make payments on your behalf.



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Please Note:

- The payment plan will be opened for the Fall 2024 on August 1st and remain open until October 1st. The payments will be due on the 15th of the month beginning in August for 5 months. The payment plan for the Spring 2025 will be opened on January 1st and remain open until March 1st with payments beginning January 15th for 5 months.
- The payments will be processed automatically as per the terms of the payment plan. **Once you are enrolled you must sign up for a payment plan. Not signing up for a Payment Plan once you have enrolled and/or missing any 2 consecutive payments will result in your losing your enrolled status in the HTC ISRAEL OPTION.**
- All major credit cards are accepted as are ECHECKS using your checking or savings account.
- If you have filed for financial aid and your financial aid has been processed, that information will be reflected in your total balance due and your financial obligation will be reduced.
- If your financial aid has not yet been processed your financial obligation will be recalculated once your financial aid is processed.



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FERPA WAIVER RECORDS RELEASE

HTC, 7135 N Carpenter Road, Skokie, IL 60077

Name of Student (Last, First): _____

T#ID: _____

Phone Number: (____) _____ - _____

FERPA

The Family Educational Rights and Privacy Act (FERPA) of 1974 establishes the rights of students with regard to educational records. The act makes provision for inspection and review of educational records by the students and requires, in most instances, prior consent from the student for disclosure of such records to third parties. The consent must be in writing, signed and dated by the student, and include the names of the parties to whom such records can be accessed. The Act applies to all persons formerly and currently enrolled at an educational institution. Access to educational records does not give permission to make changes to the student's record.

By signing this waiver, the student is voluntarily granting to the designated individuals, access to confidential records within said student's educational file.

I _____ (print student name) voluntarily hereby give permission for HTC personnel to share and discuss the following information (check all that apply):

- Records maintained by the Office of the Bursar (account balance, billing, collection activity, etc.)
Records maintained by the Financial Aid Office (grants, scholarships, student loans, etc.)
Records maintained by the Office of the Registrar (academics, grades, GPA, reports, evaluations, etc.)
ALL OF THE ABOVE
OTHER (please specify): _____

The purpose of this disclosure is to: _____

Person(s) to whom above information may be released. Please PRINT clearly.

Name (Last, First): _____ Relationship to student: Parent* Spouse Attorney Other _____

Name (Last, First): _____ Relationship to student: Parent* Spouse Attorney Other _____

* In the event the "Parent" box is checked, then information may be released to all parents or guardians regardless of the individual name listed.

Check one:

- This waiver will be in effect as long as I am a student at HTC.
This waiver will be in effect from: (Date) _____ until: (Date) _____

This waiver may be revoked by the student at any time by advance written notice to the Office of the Registrar.

SIGN and DATE:

Signature: _____ Date: _____

Please return this form to the Office of the Bursar, HTC in person or by mail.

Waivers received via mail or fax must be ratified by HTC with an email to the student and the student's confirmation.

Proper photo identification will be required for form submission as well as access.

Due to stringent security concerns, any waivers initially submitted via electronic mail will not be processed.

For Institutional Use Only

Processed by: _____ Date: _____



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HTC STUDENT MEDICAL IMMUNIZATION FORM

Office of the Registrar
Hebrew Theological College
7135 N Carpenter Road
Skokie, IL 60077

(847) 982-2500
(847) 745-0200 fax
bachrach@htc.edu

PART I: To be completed by all students attending classes on-campus at Hebrew Theological College.

T00
University Identification Number (UIN)

Last Name First Name M.I. Date of Birth

Address (number and street) City State Zip Code Home Telephone Number

Gender M F Term of Admission Fall Spring Summer Year of Admission

I, the undersigned, authorize Hebrew Theological College to release my immunization record to the Illinois Department of Public Health (IDPH), or its designated representative, in the event of a health or safety emergency and/or for compliance audits by the IDPH or another state or federal agency duly authorized by law to conduct compliance audits of Hebrew Theological College.

Student's Signature Date

Please read the instructions on the reverse side of this form before having it completed by a healthcare provider.

PART II: To be completed and signed by a healthcare provider. All dates must include month, day, and year. (Check appropriate box)

- Students born before 1957 should see #7 on reverse side.

Measles (Rubeola)

1. Immunization with live virus vaccine?
(Two doses are required and must be given at least 28 days apart. Both doses given in 1968 or later, and given on or after first birthday.)

Date 1 Date 2

2. Disease confirmed by physician's records?

Date of illness Signature of Physician

3. Immunity confirmed by blood titer?

Date of test Attached copy of laboratory Report

4. Exemption?

Attach physician's statement of medical contraindication with duration of medical condition.

Rubella (German Measles)

1. Immunization with live virus vaccine?
(Two doses are required and must be given at least 28 days apart. Both doses given in 1968 or later, and given on or after first birthday.)

Date 1 Date 2

2. Disease confirmed by physician's records?

Date of illness Signature of Physician

3. Immunity confirmed by blood titer?

Date of test Attached copy of laboratory Report

4. Exemption?

Attach physician's statement of medical contraindication with duration of medical condition.

Mumps

1. Immunization with live virus vaccine?
(Two doses are required and must be given at least 28 days apart. Both doses given in 1968 or later, and given on or after first birthday.)

Date 1 Date 2

2. Disease confirmed by physician's records?

Date of illness Signature of Physician

3. Immunity confirmed by blood titer?

Date of test Attached copy of laboratory Report

4. Exemption?

Attach physician's statement of medical contraindication with duration of medical condition.

Tetanus and Diphtheria (TD or DT or DPT)

Note: Tetanus Toxoid (TT) is not acceptable

1. Primary series completed?
(At least three doses are required. One must be "Tdap." The most recent must be within last 10 years)

Date 1 Tdap Date 2 Tdap Date 3 Tdap

If serious doubt exists about the completion of a primary three-dose series, two doses of combined (TD) toxoids should be given one month apart, followed by a third dose in 6 months.

2. Exemption?

Attach physician's statement of medical contraindication with duration of medical condition.

Meningitis

1. Primary dose completed?
(Required for students under age 22. Must be given on or after 16th birthday)

Date 1 Date 2

2. Exemption?

Attach physician's statement of medical contraindication with duration of medical condition.

Health care provider verifying information for Part II.

Date

Name (Print) Signature

Address Telephone



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INSTRUCTIONS FOR COMPLETION OF THE HTC STUDENT MEDICAL IMMUNIZATION FORM

MUST BE COMPLETED AND RETURNED PRIOR TO THE STUDENT'S FIRST ENROLLMENT

NOTE: The Illinois Department of Public Health requires incoming new students living in on-campus housing to document immunity to measles, rubella, mumps, tetanus/diphtheria, and meningitis.

PART I - To be completed by all students attending classes on-campus at Hebrew Theological College.

All students who are admitted or readmitted to Hebrew Theological College must submit this form. A healthcare provider (physician licensed to practice medicine in all of its branches [MD or DO]; a local health authority; registered nurse employed by a school, college, or university; or a department-recognized vaccine provider) must validate current immunization records in PART II. The completed form must be received by the Office of Medical Immunization Records at Hebrew Theological College no later than the first day of classes of the term. Failure to return this form and/or provide proof of immunity to the vaccine-preventable diseases may result in the student not being authorized to register for the next term.

(P.A. 85-1315)

The following are acceptable as documentation of immunization: (1) this form, (2) the Certificate of Child Health Examination form (high school record), and (3) a Certificate of Immunity showing the type of vaccine, date of each dose (month/day/year), the name of the physician or clinic that administered the vaccine, the phone number, and the address. ALL RECORDS must be verified or authenticated by a physician, registered nurse, or public health official and to be date- and dose-specific. Include University Identification Number (UIN) on all documents.

A student with a vaccine exemption may be excluded from the university/college in the event of a measles, rubella, mumps, diphtheria, or meningitis outbreak in accordance with public health recommendations.

All records not in English must be accompanied by a certified translation.

Students should keep a copy of this form for their personal health records. All originals submitted to the Office of Immunization Records will be destroyed after imaging. For additional information, the student may call the Office of Medical Immunization Records at (847) 982-2500. Compliance can be viewed online at the Registrar's web site under "Student Records."

PART II- Must be completed and signed by a healthcare provider.

1. All dates must include MONTH, DAY, and YEAR if it cannot otherwise be determined that the specific vaccine(s) was administered at the minimally acceptable age or dosage interval.
2. All laboratory evidence of immunity must be accompanied by a copy of the laboratory report.
3. All live virus vaccines must have been given on or after the first birthday.
4. The minimum time between each dose of live measles virus vaccine must be at least 28 days.
5. History of rubella disease is not acceptable as proof of immunity.
6. Mumps titer is only acceptable as proof of immunity if the laboratory test used was a neutralization, enzyme-linked immunosorbent assay (ELISA or EIA) or radial hemolysis antibody test. A four-fold rise in antibody titer between appropriately spaced acute and convalescent sera is also acceptable.
7. Individuals born prior to 1957 can be considered immune to measles, mumps, rubella, and polio. Such individuals are also exempt from the state law requiring immunization for tetanus/diphtheria.
8. The following exemptions will be accepted and statements must accompany this record:
 - **MEDICAL CONTRAINDICATIONS**—A written, signed, and dated statement from a physician stating the specific vaccine or vaccines contraindicated and duration of medical condition that contraindicates the vaccine(s).
 - **PREGNANCY OR SUSPECTED PREGNANCY**—A signed statement from a physician stating the student is pregnant or pregnancy is suspected and an approximate due date.

**KEEP A COPY FOR YOUR RECORDS.
ORIGINALS WILL BE DESTROYED AFTER IMAGING.**