# Application for Admission to Post-Doctoral Studies

## Academic Year

1. **Personal Details**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name |  | First Name |  | Former Last Name |  | Passport No./ Israeli ID No. |  | Gender |
|  |  |  |  |  |  |  |  | M / F |

**Mailing address abroad**: **City** **Region/State**

**Zip code** **Country**

**Mailing address in Israel** (if any): c/o \_\_\_\_\_\_\_\_\_\_**Zip code**

## E-mail: Mobile Tel:

**Place of Birth**:  **Nationality / Citizenship**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of Birth:** |  | **Date of Aliya\*:** | | |  |
| Day | Month | Year |  | Month | Year |

\**if relevant*

**Details of family members in case of emergency:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Last Name | First Name | Address | Email/Phone No. |
| Father: |  |  |  |  |
| Mother: |  |  |  |  |
| Other: |  |  |  |  |

**I am/was a student at the university of Haifa:** Yes / No **if yes, my student No. /ID No. is /was:**

1. **Field of Studies**

I would like to apply for a Post-Doctoral research in the following department/school:

Under the supervision of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Previous Studies

Name and Place of Institution for PhD studies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of PhD graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **List of documents required for registration:**
2. PhD degree certificate with date of graduation
3. Updated cv with list of publications
4. Planned research program
5. Post-doctoral academic supervisor's recommendation
6. Head of department's recommendation
7. Recommendations from two senior academic staff members from recognized academic institutes in Israel or abroad
8. Photocopy of passport

**Date: Full Name: Signature:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_