



Name of applicant _____

APPLICATION FORM SUMMER PROGRAM IN AGRICULTURAL SCIENCES 2019

Dear Applicant,

Thank you for applying to the Summer Program in Agricultural Sciences at the Smith Faculty of Agriculture in Israel. In order for us to consider your application, please complete this form and return to Helena Dahab international.school@mail.huji.ac.il

Please make sure that all the required information has been provided in detail. Please type or clearly print your answers. This will facilitate the application process and enable us to make our decision in as short a time as possible.

Thank you for your cooperation.

The application deadline is April 18, 2019.

ESSENTIAL:

This application form must be filled out in English and accompanied by the following:

- Photocopy of relevant highest academic degree attained, translated to English.
- Photocopy of most recent academic transcript if the degree has not been completed, translated to English.
- Maximum two-page Curriculum Vitae.
- Completed and approved medical certificate form (attached).
- Certificate of English language proficiency (if English is not your mother tongue or if your academic studies were not conducted in English).
- One letter of recommendation from relevant academic affiliation or present employer.

1. Personal Data

Surname	Given Names	
Date of Birth	Gender	
Country	Passport No.	
Citizenship		
Home Address:		
Telephone: Country code	Area code	Number
Cell phone		
Email:		



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2. Education

	Institute	Location	Year	Field of Expertise	Degree
Higher Education					
Academic Degrees: First					
Second					
Third					

3. Other studies/courses/seminars relevant to the program (Last 5 years)

Subject of course	Country	Organized by	Duration of studies	Year

4. Previous Studies in Israel

Subject of course	Year	Training Institute

5. Knowledge of languages

Mother Tongue _____

English Skills:

Reading			Speaking			Writing		
Fair	Good	V. Good	Fair	Good	V. Good	Fair	Good	V. Good

6. Reference: Please provide details of the reference acquainted with your qualifications.

Name	Position
Telephone number Country code area code number	Cell phone number Country code area code number
Email	



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Please briefly tell us why you are interested in the program:

DECLARATION

I, the undersigned, Mr./Mrs./Miss _____ of (country)

_____ in submitting my application for study and/or training in Israel as described earlier, declare as follows:

- (A) I UNDERSTAND that it is the intention of the Government of Israel to enable me, if I should be found suitable, to participate in a period of study in Israel as part of the cooperation between the Government of Israel and my country.
- (B) I PLEDGE to participate fully in all studies offered and to comply with all regulations established by the institute – The Robert H. Smith Faculty of Agriculture, Food & Environment - hosting the program.
- (C) I CLEARLY UNDERSTAND that the purpose of my visit to Israel is to study and/or train. Therefore, I will refrain during my stay in Israel from engaging in any political activity and/or gainful employment.
- (D) I AM FULLY AWARE that my stay in Israel may be discontinued if I should commit any infraction of my undertaking in this declaration, and/or of the Israel civil or criminal law, and/or break the rules and regulations of the school or institute where I will be studying and/or training.
- (E) I UNDERTAKE to return to my country upon the completion of my studies, as stipulated by the Government of Israel and the supervisors of my study program.
- (F) I AM FULLY AWARE that the legal, financial, and moral responsibility of the Government of Israel ends with the conclusion of the study program.
- (G) I AM - to the best of my knowledge - of healthy body and mind and do not require any medical treatment or attention.
- (H) I AM FULLY AWARE that the Smith Faculty does not bear any responsibility whatsoever for my money, valuables, documents etc. Similarly, the institute bears no responsibility whatsoever for loss of money, valuables, documents, etc.
- (I) (FOR WOMEN) I AM NOT - to the best of my knowledge - pregnant, and I understand that I am liable to be sent home in case of pregnancy.



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(Declaration continued)

- (J) I UNDERSTAND that the organizers do not accept any responsibility for the treatment of chronic diseases, dental treatment or eye glasses during my stay in Israel.
- (K) I ALSO UNDERSTAND that my personal belongings are not insured by the organizers.
- (L) I HEREBY CERTIFY that all information and documents presented are correct and truthful.
- (M) I AM FULLY AWARE that it is my responsibility to obtain the name and location of the Israeli institute to which I am going, its address and how to arrive there.
- (N) I FULLY UNDERSTAND that, unless stated otherwise, the insurance policy under which I shall be insured by the Israeli institute covers me only during the period of the course/program within the area of the State of Israel.

I confirm hereby my full agreement to the conditions of this Declaration.

Name and surname of applicant _____

Signature of applicant _____

Date _____ **Place** _____