



הסוכנות היהודית לארץ ישראל  
המחלקה לעלייה ולקליטה

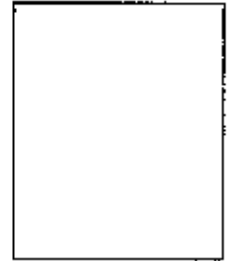


מינהל הסטודנטים

המשרד לקליטת העלייה



# APPLICATION TO STUDENT AUTHORITY



**Photograph**

## A. PERSONAL DETAILS:

First name	Last name	Former name	Date of birth	Place of birth

Nationality	Passport number	Address

Telephone	E-mail	Fax

## B. FAMILY DETAILS:

Marital status	Name of spouse	Occupation	Will he/she be a student in Israel? If so where? What subject? Level?
Single			
Married			
Children (please specify ages)			

	Address	Telephone	Fax	E-mail
Mother				
Father				

Information on family	Name	Date of birth	Occupation	Married/ Separated	Address
Mother					
Father					
Siblings					

**Relatives in Israel:**

Name	Relationship	Address	Telephone

Do you have any medical problems?	Please specify + add documentation
No	
Yes	

**C. EDUCATION:****High school education:**

Name of institution	Location	Subjects	Number of years studied	Date completed	Type of certificate

**Post-High school studies:**

Name of institution	Location	Subjects	Date started	Date completed	Total no. of years to graduate	Certificate or degree received

**Have you taken any international examination? (SAT, GMAT, GRE, TOFEL Psychometric, other?)**

Name of exam	Date & Place taken	Score

**D. BACKGROUND:**

Dates	What have you done since you finished High School? (studies, trips, work...)

Membership in sports clubs, youth groups, Jewish organisations...



**Registration:**

Have you already registered?	No	Yes
Name of contact person		
Name of institution		
Do you require dormitories?		

**First steps in Israel:**

Please mark the program you wish to attend from the following list:	
Ulpan Kibbutz (student or other)	
Absorption Centre	
TAKA (name place)	
Mechina (name of institution)	
City Ulpan	
Other (specify)	
Do you require a religious environment?	

**Documents enclosed: (mark ✓)**

<input checked="" type="checkbox"/>	One passport photograph
<input type="checkbox"/>	Copies of certificates of previous studies (if you are requesting that we register you for further studies please enclose one certified copy of each certificate for each university). (Please note: you may be required to translate your documents in Israel)
<input type="checkbox"/>	Application forms (only if you want us to register you)
<input type="checkbox"/>	Cover letter from your Shaliach
<input type="checkbox"/>	Medical documents

I hereby declare all information given in this form to be the truth to the best of my knowledge.

Signed \_\_\_\_\_ Date \_\_\_\_\_

The completed form should be sent to us via your shaliach: (whose name is): \_\_\_\_\_

The Student Authority

Ministry of Absorption

Rehov Hillel 15, Jerusalem, Israel

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