



The Hebrew University of Jerusalem
 The Robert H. Smith Faculty of Agriculture, Food & Environment
 The Division for External Studies

M.Sc. PROGRAM APPLICATION

First name:	Family name:
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- Please type or print legibly in dark ink. Do not leave any blank spaces. Incomplete applications will not be considered. Faxed or e-mail applications must be followed by posted documents.
- Applications are due by March 31st, in a single package together with the application fee and all accompanying documentation (except assessment forms and letters of assessment).
- Assessment forms and letters of assessment are due by March 31st, sent directly by each assessor in a sealed and stamped envelope.
- Decisions of the Academic Committee are final.

PERSONAL INFORMATION

Please circle the desired study framework:		
NUTRITIONAL SCIENCES ANIMAL SCIENCES	PLANT SCIENCES - HORTICULTURE PLANT SCIENCES - FIELD & VEGETABLE CROPS	
Country of origin:	Date of birth (dd/mm/yy):	Gender:
Passport number:		Marital status:
E-mail:		
Fax (Country code + Area/city code + Number):		Postal address:
Phone (Country code + Area/city code + Number):		

ENGLISH PROFICIENCY

Please check one:

<input type="checkbox"/> I have completed academic degree studies conducted in English.	Remember to enclose documentation in the application package.
<input type="checkbox"/> I have completed the TOEFL examination.	

Self-assessment:

COMPREHENSION			SPEAKING			READING			WRITING		
Fair	Good	Very Good	Fair	Good	Very Good	Fair	Good	Very Good	Fair	Good	Very Good

COMPUTER EXPERIENCE

WORD			POWERPOINT			Experience with other computer programs:
None	Basic	Advanced	None	Basic	Advanced	

► Nurit Ben-Aharon, Coordinator of International M.Sc. Programs

► Website: <http://departments.agri.huji.ac.il/externalstudies/> ► Email: nuritbe@savion.huji.ac.il

► Tel.: 972-8- 9489511 ► Fax: 972-8-9470171 ► Postal Address: External Studies - P.O.B. 12 - Rehovot, 76100 - Israel



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ACADEMIC BACKGROUND

INSTITUTION OF STUDY FOR HIGHEST DEGREE:		
City/Country:	Date studies began (dd/mm/yy):	Date of completion (dd/mm/yy):
Framework (specify degree, diploma, etc. and major field of study):	Current academic status (completed degree, working towards degree, etc.):	
OTHER ACADEMIC INSTITUTIONS attended (at college & university level):	INSTITUTION A:	
	City/country:	Dates attended (dd/mm/yy - dd/mm/yy):
	Major field of study:	Degree attained:
	INSTITUTION B:	
	City/country:	Dates attended (dd/mm/yy - dd/mm/yy):
	Major field of study:	Degree attained:
OTHER RELEVANT ACADEMIC EXPERIENCE:		

EMPLOYMENT

CURRENT EMPLOYER:	
Position:	Date employment began (dd/mm/yy):
PREVIOUS EMPLOYER:	
Position:	Dates of employment (dd/mm/yy – dd/mm/yy):

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OTHER EXPERIENCE

EXPERIENCE IN ISRAEL (including short-term programs, past or present):	Framework:	
	Year:	Length of visit:
OTHER RELEVANT EXPERIENCE:		

LIST OF ASSESSORS

- An assessor should be someone who has known you in an academic and/or a professional framework for at least one year, in a capacity enabling him/her to judge your ability and performance (i.e. teacher, trainer, advisor, employer, etc.).
- List below three assessors who have agreed to fill out the Applicant Assessment Form and to write a letter of assessment on your behalf.
- Each letter must be written individually by the assessor and submitted directly by him/her, together with the Applicant Assessment Form, in a signed and sealed envelope.

Name of assessor:
Position:
E-mail address:
Name of assessor:
Position:
E-mail address:
Name of assessor:
Position:
E-mail address:

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FUNDING SOURCES:

Are you applying for a University-administered partial scholarship?

Please check the box in the correct row:

Yes	<input type="checkbox"/>	The scholarship application form should be submitted together with the program application. Please note: if a scholarship is offered, documentation of supplementary funding will be required.
No	<input type="checkbox"/>	Please indicate your funding sources below.

Funding sources other than Hebrew University-administered scholarships:

	Source(s)	Sum
Funds available		
Applying for other funds		

I, the undersigned, understand and agree that the University reserves the right to take any necessary measures in connection with candidates who submit partial, incorrect and/or false information, and certify that all information given here is full and correct. I waive my right to privacy regarding all academic documentation relevant to processing this application.

Date (dd/mm/yy):	Signature:
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STATEMENT OF PURPOSE

This page must be completed in the applicant's **handwriting**.

Please answer the following questions **briefly**.

Please **do not exceed** the allotted space.

1) What is your main reason for choosing this program?

2) What is the overall aim of your studies?

3) What do you expect to gain personally from the program?

4) What are your plans after completing the program?

5) Other comments.

Date (dd/mm/yy):	Signature:
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