



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 with all accompanying documentation and the application fee.
- Decisions of the Academic Committee are final.

PERSONAL INFORMATION

Please circle the desired study framework:

NUTRITION	HORTICULTURE	FIELD & VEGETABLE CROPS
Country of birth:	Nationality:	Gender:
Date of birth (dd/mm/yy):	Passport number:	Marital status:
E-mail:		
Fax:		Postal address:
Country code and area/city code:		
Number:		
Phone:		
Country code and area/city code:		
Number:		

ENGLISH PROFICIENCY

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

COMPUTER PROFICIENCY

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



The Hebrew University of Jerusalem

The Robert H. Smith Faculty of Agriculture, Food & Environment

The Division for External Studies

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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:	

FUNDING SOURCES:

Are you applying for a University-administered partial scholarship?

Please check the box in the correct row.:

Yes	NOTE: The scholarship application form should be submitted together with the program application.
No	

Other funding sources:

	Source	Sum
Funds available		
Applying for 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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