

**Application for
Models of Mentorship in Education Practice- Academic course combined
with intensive internship in education**

Instructions

All of the following materials must be submitted **April 15th, 2017** before your application will be processed:

1. **Admissions Requirements:** This course is open to students who have completed at least 2 years of relevant undergraduate studies in the fields of Education and other relevant fields of study. Preferably opened to students interested in pursuing a master's degree in Education.

Candidates must demonstrate the following:

- **Minimum cumulative grade point average of GPA 3.0**
 - **Excellent command of English language (Chinese students must provide one of the following exam results: CET-4 minimum score of 550, CET-6 minimum score of 425, or an equivalent and will be evaluated by the University of Haifa program committee)**
 - **Two letters of Recommendation from relevant academic faculty members**
 - **Personal statement essay**
2. **Admissions Application fee- \$80 Application Fee:**
 3. **Enrollment Certification from your University including that you are a student in a Higher Education Institute.**
 4. **Medical Form**
 5. **Transcript: Submit one official transcript from each post-secondary institution attended. All transcripts must be in English**

Methods of Payment:

The University of Haifa is able to accept payment in U.S. Dollars, Euro, or Israeli Shekel. If you choose to pay in Euro or Israeli Shekel, please make your payment according to the conversion rate on the day you pay. However, the amount credited to your account will be based on the day your payment is deposited. If there is a difference, you will be expected to pay the difference.

You may pay for your fees in one of the following ways:

- **Bank transfer (Bank transfers are acceptable in US Dollars and Euros only. Shekel transfers are only acceptable within Israeli Banks):**

Bank Hapoalim
Branch - 562
University of Haifa – Account 186484
SWIFT address: Poalilit
IBAN: IL18-0125-6200-0000-0186-484

- Personal, bank, or traveler's check made payable to the *University of Haifa*.

These payments should be mailed to the following address:

Finance Office
International School
University of Haifa
Haifa 3498838
Israel

For questions regarding payment please email - ipalace@univ.haifa.ac.il

*We are happy to consider late applications on a space-available basis. Upon completion, all materials should be emailed to: infoint@univ.haifa.ac.il

***Please note:** you will need to post the original stamped medical form, please sent it to this address prior to your arrival:

Admissions Office
International School
University of Haifa
Haifa 3498838
Israel

A. Introductory Information

Please indicate which housing you prefer:

___ Double Room ___ Single Room ___ I do not need campus housing

Please type or print clearly:

Name (first, middle, last): _____

Age: _____ Birthday: _____ Circle one: Male Female

Permanent Address: _____

City _____ State _____ Zip _____ Country _____

Permanent Phone: _____

Current Address: _____

City _____ State _____ Zip _____ Country _____

Current Phone: _____ Cell Phone: _____

Current Address and Phone Good Until: _____

E-mail: _____ Marital Status: _____

Social Security/ID Number: _____ Israeli ID Number (where applicable): _____

Passport Number(s): _____

Countries of citizenship: _____ Place of birth: _____

B. Education

Secondary school(s) attended:

Name	Location	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

High School Graduation Date: _____

Colleges and/or University(s) attended:

Name	Location	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

I am currently (choose one) ___ 1st year ___ 2nd year ___ 3rd year ___ 4th year

Major: _____ Minor: _____ Expected graduation date: _____

Academic Advisor's Name: _____ E-mail: _____

Which courses at the University of Haifa are you most interested in taking?

If you have physical or learning disabilities and will require accommodations to complete your course assignments, please submit official documentation verifying the nature of your disability and supporting your specific request.

C. Family

Family Member #1:

Full Name: _____

Address: _____

Phone: _____ e-mail: _____

Occupation: _____ Business phone: _____

Relationship to Student: _____

Family Member #2:

Full Name: _____

Address: _____

Phone: _____ e-mail: _____

Occupation: _____ Business phone: _____

Relationship to Student: _____

Names and ages of siblings: _____

Do you approve of the University of Haifa communicating with your family? Yes No

If yes, with which family members should the University communicate with?

Emergency contact (if different from above family members)

Full Name: _____

Address: _____

Phone: _____ e-mail: _____

Were either of your parents born in Israel? ___ Father ___ Mother ___ No

Are either of your parents Israeli citizens? ___ Father ___ Mother ___ No

Do you have any relatives or friends living in Israel?

Full Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____ Relationship to Student: _____

Full Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____ Relationship to Student: _____

D. Activities and Employment

Please list your extracurricular activities: _____

Please list any special hobbies or interests that you would like to share with us:

Please list any recent jobs:

Position	Place of Employment	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. Language Proficiency

Indicate your language proficiency
(Scale: mother tongue, excellent, good, fair, poor, none)

Language	Speaking	Reading	Writing
English			
Hebrew			
Other:			
Other:			
Other:			

F. Previous Israel Experience

Have you ever been to Israel? __ yes __ no
If you participated in organized group programs, please indicate:

Program	Dates	Length of Time

If you visited independently or with family, please indicate the year of most recent visit: _____

G. Personal Essay

Please type on a separate piece of paper a personal statement addressing why you hope to study at the University of Haifa and what you believe you will gain from the experience. The essay should be a minimum of 400 words.

H. Academic References

Please list the name and institution of each individual who will be sending a letter of recommendation for you:

1. _____
2. _____

I. Additional Information

How did you find out about the University of Haifa International School? (check all that apply)

- A friend told me about the program
- An alumni told me about the program. Name of alumni: _____
- I met your representative at: _____
- I received information through my campus study abroad office
- I received information from my campus Hillel
- A professor or advisor recommended the program
- I saw the International School's website
- I saw it on the MASA web site
- I saw the International School blog (haifayou.com)
- I heard about the program on a social media site.(Facebook...) Specify: _____
- I found the program listed on another web page. Specify: _____
- Other (please specify) _____

If you have applied to any other Israeli University, or if you intend to apply to another Israeli university this year, please specify which universities: _____

If you have applied to any other study abroad program in a country other than Israel, or if you intend to apply to another study abroad program in a country other than Israel, please specify which programs: _____

You may release my name, address, phone number, and e-mail to other students accepted to University of Haifa study abroad programs yes no

You may release my name, address, phone number, and e-mail to organizations or individual students who request information about Haifa University students, at your discretion yes no

J. Terms and Conditions

1. I understand that upon my admission to the University of Haifa, my signature on this application form constitutes an agreement between myself and the University as to the terms of my compliance with all University regulations as well as the decisions of the University authorities.
2. The University will not be liable for any accident caused to me, and I hereby waive and release the University and its respective officers, employees and agents from any and all claims for any injury, damage, loss or expense arising from
 - a. the acts of any officer, employee or agent of the University, of any participant in the Program, or any other person, firm or corporation; or
 - b. any illness or accident suffered by me, whether the injury, damage, or loss or expense occurs during the period of my participation in the Program or while I am in transit between my home and the University.

Note: Students in the International School, like any other University of Haifa students, are insured by the University of Haifa against damage caused by negligent acts or omissions on the part of the University of Haifa or its employees, sustained either on the grounds of the University of Haifa, or while participating in activities initiated by the University of Haifa, even if they are outside the grounds of the University

3. The University is not liable for any loss or damage to my property. Therefore it is recommended that I arrange in advance of my departure, adequate insurance coverage for theft, loss or damage to any personal belongings of material value which I may take with me.
4. All students in the International School must have a valid health insurance policy for the duration of their studies in Israel. The University of Haifa provides students with an Israeli health insurance for their period of study. If a student does not qualify for the Israeli health insurance, then the student must arrange health insurance independently. This policy may be an extension of the student's family health coverage or a policy issued by the student's home university, but must be valid for Israel.
5. I am aware of and accept the University regulations prohibiting the possession, use, sale or transmission of marijuana, hashish, or any other illicit drugs or narcotics. I understand that any student found guilty of such may be subject to unconditional dismissal from the University, without any recourse.

I certify that the information given on this application is correct to the best of my knowledge.

Signature of Student: _____ **Date:** _____

(For students under age 18)

Signature of Parent or Guardian: _____ **Date:** _____

Medical Examination Form
International School
University of Haifa

Part 1: To be completed by applicant

Student's Name: _____ E-mail Address: _____

Passport #: _____

Medical History: Please check all that apply and include dates

_____ Heart Disease (including Rheumatic Fever) ___ / ___ / ____

_____ Gastrointestinal Disease (including ulcer) ___ / ___ / ____

_____ Liver Disease ___ / ___ / ____

_____ Kidney Disease ___ / ___ / ____

_____ Mental Disease (including depression) ___ / ___ / ____

_____ Neurological Disease (including epilepsy) ___ / ___ / ____

_____ Lung Disease (including asthma) ___ / ___ / ____

_____ Diabetes ___ / ___ / ____

_____ Tuberculosis ___ / ___ / ____

_____ Anemia ___ / ___ / ____

_____ Hernia ___ / ___ / ____

_____ Hypertension ___ / ___ / ____

_____ Eating Disorder ___/___/____

Other diseases not listed above (including dates): _____

Detail major operations and/or hospitalizations (including dates): _____

Detail all allergies and drug reactions: _____

Applicant's Statement:

I hereby certify to the best of my knowledge that the above medical information is correct. I understand that any illness suffered prior to arriving in Israel that has not been described on this medical form may result in my return to my country of origin at my own expense, or result in my treatment in Israel at my own expense. I affirm that I am not addicted to illegal substances (such as narcotics) and I understand that my use of such illegal substances may be grounds for my dismissal from the International School and the University of Haifa.

**Note to applicant: If the answer is "yes" to any of the questions on page 3, please provide us with a letter of explanation from your therapist or psychiatrist. This information will be treated confidentially.*

Signature of applicant: _____ Date: _____

Signature of parent or Guardian (for under 18's): _____ Date: _____

Medical Examination Form
International School
University of Haifa

Part 2: To be completed by a licensed physician who is not related to applicant

Student's Name: _____ E-mail Address: _____
Social Security #: _____ Passport #: _____

Notes to the Examining Physician: Your medical report is necessary for our evaluation of the student's application. Any applicant who has been under the care of a specialist must submit a detailed report giving complete diagnosis, prognosis, and evaluation. If any changes arise in the applicant's condition within 10 days before departure, please submit an explanatory medical letter. This information will be treated confidentially.

Physical Health

	Normal	Abnormal	Describe Abnormality
Hearing	_____	_____	_____
Vision	_____	_____	_____
Chest, Lungs	_____	_____	_____
Heart	_____	_____	_____
Vascular System	_____	_____	_____
Abdomen	_____	_____	_____
G.I. System	_____	_____	_____
G.U. system	_____	_____	_____
Upper Extremities	_____	_____	_____
Lower Extremities	_____	_____	_____
Spine	_____	_____	_____
Nervous System	_____	_____	_____
Mental State	_____	_____	_____

Height: _____ Weight: _____

Current Medications:

Generic Name:	Dosage:	Purpose:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mental Health

Is the individual currently involved in psychological therapy of any kind? _____

If so, with whom? ___ Psychiatrist ___ Psychologist
 ___ Counselor ___ Social Worker

Is there any history of psychological or psychiatric care? If yes, give dates:

Has the applicant ever been advised to seek counseling, psychotherapy, or psychiatric care? If yes, please explain circumstances.

Has the applicant ever dealt or currently dealing with eating disorders? If Yes, please explain.

Additional comments:

**Note to applicant: If the answer is "yes" to any of the above questions, please provide us with a letter of explanation from your therapist or psychiatrist. This information will be treated confidentially.*

Physician's Statement

1. I have read the "Notes to the Examining Physician" on the first page of the Medical Form and thereafter examined _____. The results I have recorded represent, to the best of my knowledge, the applicant's medical history and my examination results. I understand that the program organizers in Israel rely on my report. In my opinion, the applicant is physically, mentally, and emotionally capable of studying at the University of Haifa.

___ Yes ___ No

If no, please explain: _____

2. I recommend full physical activity. ___ Yes ___ No

If no, please explain: _____

3. I recommend certain restrictions. ___ Yes ___ No

If yes, please explain: _____

4. The applicant can withstand certain changes in diet from which s/he is accustomed.

___ Yes ___ No If no, please explain: _____

Physician's name (please print or type): _____

Address: _____

Telephone: _____ E-mail: _____

License Number: _____ Date: _____

Stamp and signature of physician: _____

Academic Recommendation Form #1

International School
University of Haifa

To the Student:

Name: _____ E-mail: _____
Social Security #: _____ Passport #: _____

This academic recommendation should be given to a professor who knows you well and is able to judge your academic qualifications for study abroad. A letter of recommendation is also acceptable.

As this letter is confidential, it should be sent directly to the University of Haifa by the person writing the letter. You must provide a stamped, addressed envelope for this purpose. You may submit this letter yourself if it has been placed in a sealed envelope and has been signed over the seal by the person writing the recommendation.

I waive my right to access this recommendation: ___ Yes ___ No
Student's Signature: _____ Date: _____

To the Reference:

The above named student is applying for admission to the International School at the University of Haifa. The Admissions Department appreciates your taking the time to complete this form which will help us evaluate the candidate's academic and personal qualifications. If you would prefer to substitute a letter of recommendation rather than complete this form, please attach the letter to this form. Please return the recommendation in a sealed envelope to the applicant or send it directly to:

Admissions Office
International School
University of Haifa
Haifa 31905
Israel

How long have you know the candidate and in what capacity?

Please tell us about the applicant's intellectual qualities and academic work.

What are your impressions of the applicant's character and maturity and his/her ability to adjust to a study abroad experience in Israel?

Please comment on the student's motivation for studying abroad. Does he or she have the ability and maturity to achieve his or her goals in studying abroad?

Please compare the applicant's abilities in the following areas to your other students:

	Top 5%	Top 10%	Top 50%	Bottom 50%
Written Expression in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please share with us any additional information or comments about this student that you think we need to know: _____

Name: _____

Position: _____ Department and Institution: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Signature: _____ Date: _____

Academic Recommendation Form #2
International School
University of Haifa

To the Student:

Name: _____ E-mail: _____
Social Security #: _____ Passport #: _____

This academic recommendation should be given to a professor who knows you well and is able to judge your academic qualifications for study abroad. A letter of recommendation is also acceptable.

As this letter is confidential, it should be sent directly to the University of Haifa by the person writing the letter. You must provide a stamped, addressed envelope for this purpose. You may submit this letter yourself if it has been placed in a sealed envelope and has been signed over the seal by the person writing the recommendation.

I waive my right to access this recommendation: ___ Yes ___ No
Student's Signature: _____ Date: _____

To the Reference:

The above named student is applying for admission to the International School at the University of Haifa. The Admissions Department appreciates your taking the time to complete this form which will help us evaluate the candidate's academic and personal qualifications. If you would prefer to substitute a letter of recommendation rather than complete this form, please attach the letter to this form. Please return the recommendation in a sealed envelope to the applicant or send it directly to:

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	Top 5%	Top 10%	Top 50%	Bottom 50%
Written Expression in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please share with us any additional information or comments about this student that you think we need to know: _____

Name: _____

Position: _____ Department and Institution: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Signature: _____ Date: _____