Place photo here

**STUDENT EXCHANGE**

**APPLICATION FORM**

FAMILY NAME (please print):

FIRST NAME:

DATE OF BIRTH: Day     Month     Year       GENDER: Male  / Female

CITIZENSHIP:      PASSPORT NO:

ADDRESS:

Address line 1:

Address line 2:       ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­

Zip code:

COUNTRY:

|  |
| --- |
| E-mail Address:       Mobile No.:      -       - |

Name of University:       Current Year:

Subjects/Courses:

Academic degree(s) already obtained:

Contact person from your institution responsible for international students:

**Requested courses**: choose from the list of courses on our site: [https://www.beitberl.ac.il/english](https://wwwold.beitberl.ac.il/english)

**Language(s):**

1. Mother tongue:

b) Other language(s):

Please indicate level in box below (1-3) : **1=Fair, 2=Good, 3=Excellent**

|  |  |  |  |
| --- | --- | --- | --- |
| **Language** | **Spoken** | **Writing** | **Reading** |
| English |  |  |  |
|  |  |  |  |

Please mark the requested semester:

Semester 1 - Oct - Feb

Semester 2 - Feb – June

Are you interested in dormitories on campus? YES\_\_\_\_ NO\_\_\_\_\_

Please sign your requested type of room:

\_\_ Single room

\_\_ Double Room- with one roommate

\_\_Single person in a double room

**Requesting a room at the dormitories is a commitment on your part to stay in the room until the end of the semester (including the exam period).**

**SIGNATURE** **DATE**