

** Improving grades will be approved following the criteria detailed in the timetable only during the academic year following the year in which the course was studied.

Reason for request: (Please note primary reason)

1. I served in the IDF from _____ to _____ (dates). Please attach Official IDF Reservist Authorization. "Call-Up Order" will not be accepted as proof of service.
2. Courses whose tests overlap on the same date and hour:
 - A. Course _____ took place on _____ (date) at _____ (hour)
 - B. Course _____ took place on _____ (date) at _____ (hour)
3. I was hospitalized for a period of _____ . Please attach relevant authorization*
4. Other personal reason: _____ .

"I hereby affirm that I am aware of all the rules and conditions regarding an Alternate Test Date. I am likewise aware that receiving approval for an Alternate Test Date for special circumstances automatically obliges me to pay test fees at the rate established by the University, and as said, will not be annulled or assigned to any other request under any circumstance, even if I am ultimately not tested at the approved date. I am aware and consent that the test fee shall be added to my tuition account and that all policies and liabilities that apply to tuition fees will apply to it, as well.

I hereby affirm that I am aware of the 10% tuition fee that I will be charged in the event that I did not arrange a study program in the same study track for which the test was approved during the academic year in which I will be tested on the alternate date. I commit to pay the above fee in a timely fashion as per University policy regarding tuition, and as they are occasionally updated; and I hereby affirm that this payment is as payment of tuition for any and every matter, and that all commitments and liabilities will apply to it regarding the tuition fees that I submitted throughout my years studying in the University.

Submission Date: _____

Signature: _____

*Request forms without authorizations will not be processed.

If your request is based on causes that require documentation, please print this form and submit it together with all relevant documents/authorizations attached.

Please attach only photocopied and certified documents. Do not attach original documents, as they will not be saved!