



Ref: #18

בקשה לשינויים Request for Changes

Dear Student,

This form is intended for doctoral students under the following circumstances:

Leave of absence, change in subject of research, interrupted studies, request for exemption from courses and/or course recognition, etc.

In the event of a request due to illness, military reserves, etc., please attach relevant documentation.**Please print this request on this form. Handwritten forms will not be handled.**

Date: _____

To: Dean of the School of Graduate Studies

From: _____ I.D. _____

Do you hold a President's Scholarship: Yes* No***For requests for extensions/deferment/renewal, please apply directly to the President's Scholarship offices.**

Address: _____ Zip: _____

E-mail: _____

Home telephone: _____ Work phone: _____ Mobile: _____

Began doctoral studies in year _____ Department: _____

Reason for Request:

- | | |
|---|--|
| <input type="checkbox"/> Extension for submission of Research Proposal | <input type="checkbox"/> Extension for submission of dissertation* |
| <input type="checkbox"/> Extension for submission of Equivalent Paper | <input type="checkbox"/> Extension in supplement courses* |
| <input type="checkbox"/> Exemption from English studies | <input type="checkbox"/> Exemption from second foreign language |
| <input type="checkbox"/> Renewal of studies | <input type="checkbox"/> Exemption from courses** |
| <input type="checkbox"/> Recognition for courses studied | <input type="checkbox"/> Inter-school studies |
| <input type="checkbox"/> Delayed submission of paper | <input type="checkbox"/> Submission for alternate date |
| <input type="checkbox"/> Leave of absence | <input type="checkbox"/> Discontinuing studies |
| <input type="checkbox"/> Change in subject of research (indicate name of old & new) | <input type="checkbox"/> Exemption from course on Judaism |
| <input type="checkbox"/> Writing research proposal & paper in English | <input type="checkbox"/> Change/addition of Supervisor |
| Other _____ | |

*Is this your first request for an extension? Yes No Number of prior requests for extension: ****Please attach your syllabus; official, original transcripts; and recommendation by Department Chair**

Reasons for request: _____

לימודים לתואר שלישי Ph.D. Studies

Tel : 03 531 8458/566 • Fax: 03 738 4003 Phd.office@mail.biu.ac.il • www.biu.ac.il/toar3
Bar-Ilan University (RA), Ramat Gan 5290002 Israel • www.biu.ac.il



Four horizontal lines for text entry.

- Incomplete forms will be returned to sender and not processed.

Student's signature

Supervisor(s)' Recommendation: (In the event of a request for an extension/renewal, please note when the student will submit Proposal/Dissertation/Equivalent Paper):

Thirteen horizontal lines for supervisor recommendation text.

Date

Supervisor(s)' Names

Supervisor(s)' Signatures

Department Chairman's Recommendation:

Five horizontal lines for department chairman recommendation text.

Date

Department Committee Chairman's Name

Department Committee Chairman's Signature

(Internal Use)

לימודים לתואר שלישי Ph.D. Studies



School of Graduate Studies

בית הספר ללימודים
מתקדמים

Resolution:

Date

Dean of School of Advanced Studies Signature

Signature of Chairman of Doctoral Department

לימודים לתואר שלישי Ph.D. Studies

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