



Summer Study Application

Applicant Information

Full Name: _____
Last *First* *M.I.* DOB: _____
MM/DD/YYYY

Address: _____
Street Address *Apartment/Unit #*

City *State* *Country* *ZIP Code*

Phone Num: _____ Passport Num: _____

Personal E-mail: _____ University E-mail: _____

Gender: Male / Female / Other

Marital Status: Single Married

Education & Enrollment

Name of University:

Pursuing Degree in:

Current Year of Study:

Grade Point Average:

Are you from a Partner University? Yes No

Desired Semester: Fall Winter Summer

The Academic College of Tel Aviv-Yaffo,
Rabenu Yerucham, P.O.B 8401, Yaffo 6818211
Website: <https://www.int.mta.ac.il/>
Phone: +972-3-6802556 Email: International@mta.ac.il



Assistance Request

Applicants who require special assistance should contact, Ms. Deena Mesika, Program Coordinator of International Office, by e-mail international@mta.ac.il. Please provide the request and the supporting documentation for the accommodation you are seeking.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Please submit to:
Ms. Deena Mesika
Email: Attn. Summer Program
International@mta.ac.il