



Summer Study Application

Applicant Information

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

Address: _____
Street Address Apartment/Unit #

City State Country ZIP Code

Phone: _____ Passport # _____

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

Gender: Male ☐ / Female ☐ / Other ☐

Marital Status: Single ☐ Married ☐

Education & Enrollment

Name of
University:

Pursuing a 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-Yafo,

10 Khever Ha'Leumim Tel Aviv-Yafo

www.mta.ac.il 03-6802556

International@mta.ac.il



Assistance Request

Applicants with disabilities may contact, Ms. Deena Mesika International Office Coordinator via telephone +972(3)680-2556 or e-mail international@mta.ac.il, and request to arrange for accommodations (pending the documentation provided by the participant).

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
International@mta.ac.il