



## 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 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-Yafo,

Rabenu Yerucham, Tel Aviv-Yaffo

Website: <https://www.int.mta.ac.il/>

Phone: +972-3-6802556 Email: [International@mta.ac.il](mailto: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](mailto:international@mta.ac.il). Please provide an explanation for the accommodations you're seeking and attached the supporting documentation.***

### 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  
Atten: Summer Program  
[International@mta.ac.il](mailto:International@mta.ac.il)