



The Zinman College of Physical Education and Sport Sciences at the Wingate Institute

The Wingate Institute, Netanya 4290200, Israel

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APPLICATION FORM FOR EXCHANGE STUDENTS
(Complete the form clearly in CAPITAL letters)

ACADEMIC YEAR: 2016 / 2017

PERSONAL DATA			
Family Name*:		<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> Photo </div>	
Given Names*:			
Place of birth:	Date of birth (D/M/Y):		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality:		
CORRESPONDENCE ADDRESS UNTIL YOUR ARRIVAL TO NETANYA			
Street:	City:		
Postal code:	Country:		
Phone:	Fax:		
E-mail:			
A PERSON TO CONTACT IN CASES OF EMERGENCY			
Name and relationship to the student:			
Contact information:			

** Please write family and given names exactly as in your passport (or ID card) as it is very important while preparing your acceptance documents.*

HOME INSTITUTION			
Name of institution and full address: _____			
CONTACT PERSON			
Name:		Position:	
Address	Street:	City:	
	Postal code:	Country:	
Phone:	Fax:	E-mail:	
CURRENT STUDIES			
Faculty:		Field of study:	
Degree for which you are currently studying:			
Number of higher education study years prior to departure abroad:			

LANGUAGE SKILLS						
Native language:		Language of instruction at home institution (if not native language):				
Other languages:	I am currently studying this language		I have sufficient knowledge to follow lectures		I would have sufficient knowledge to follow lectures if I had some extra preparation	
	Yes	No	Yes	No	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STUDY PERIOD AT THE ZINMAN COLLEGE			
Planned period of study (duration in months):			
<input type="checkbox"/> Autumn semester	From:		To:
<input type="checkbox"/> Spring semester	(DD /MM/ YY)		(DD /MM/ YY)
Type of activity:	<input type="checkbox"/> Courses (<i>please fill in the Learning Agreement for Studies</i>)		<input type="checkbox"/> Practical training (<i>please fill in the Learning Agreement for Traineeship</i>)
	<input type="checkbox"/> Other:		

APPLICATION DEADLINES:

Autumn semester – May 10th

Spring semester – November 1st

With this application form you need to send us the following:

- Learning Agreement (Student Application 1)
- Transcript of Records
- Copy of your passport (ID card)
- 3 passport size photos
- Certificate of good health

SIGNATURES	
<i>I certify that the information provided in this application is correct and complete.</i>	
Applicant's signature:	Date:
<i>I hereby, confirm that the above-mentioned student was selected for the exchange period at your institution.</i>	
Contact person's signature:	Date:

Completed application together with the required documents must be sent to the email address below:

debbieh.erasmus@gmail.com

Please send the original documents to:
 Dr. Debbie Hellerstein
 The Academic College at Wingate,
 The Wingate Institute
 Netanya, 42902
 ISRAEL