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| **The Wingate Institute, Netanya 4290200, Israel****Phone: +972-9-8639222 Fax: +972-9-8639377 E-mail: wincol@wincol.ac.il Website: http://en.wincol.ac.il/** |

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| APPLICATION FORM FOR INTERNATIONAL STUDENTS**(Complete the form clearly in CAPITAL letters)** |

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| **ACADEMIC YEAR:** **2022\_\_ - 2023\_**\_ |

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| **PERSONAL DATA** |
| Family Name\*: | Photo |
| Given Names\*: |
| Place of birth: | Date of birth (D /M/ Y): |
| Gender: | □ Male □ Female | Nationality: |
| CORRESPONDENCE ADDRESS BEFORE YOUR ARRIVAL TO ISRAEL |
| 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 from your passport (or ID card) as it is very important while preparing your acceptance documents.*

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| **HOME INSTITUTION** |
| Name of institution and full address: |  |
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| 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: |

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| **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 |
|  | □ | □ | □ | □ | □ | □ |
|  | □ | □ | □ | □ | □ | □ |

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| **STUDY PERIOD AT THE LEVINSKY- WINGATE ACADEMIC COLLEGE**  |
| Faculty: |
| Study Area: |  □ Physical Education | □ Tourism and Sports Management | □ Adapted Physical Activity |
| □ Sports Coaching | □ Physical Activity for the Elderly | □ Physical Activity in Early Education | □ Health and Fitness |
| □ Other: (Please specify) |
| Planned period of study (duration in months): |
| □ Autumn semester | From:(D /M/ Y) | To:(D /M/ Y) |
| □ Spring semester |
| Type of activity: | □ Courses *(please fill in the learning agreement)* | □ Practical training |
| □ Other: |

**Deadlines: Autumn semester – June 1 Spring semester – November 1**

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

* Learning agreement
* Transcript of Records
* Copy of your passport (ID card)
* Passport size photo
* Application Form for Accommodation
* Certificate of good health
* Valid health insurance
* Certificate of good conduct

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| **SIGNATURES** |
| *I certify that the information provided in this application is correct and complete.* |
| **Applicant’s signature:** | Date: |
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| *I hereby, confirm that the above-mentioned student was selected for the exchange period at your institution.* |
| Contact person’s signature: Sharon Tsuk  | Date:  |

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| **Completed application together with the required documents must be sent by the address below:** |

International Studies Program

The Levinsky-Wingate Academic College, Wingate Campus

Netanya 4290200, Israel

Phone: +972-9-863-9235 E-mail: sharontsuk1@gmail.com