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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: |
|  | |
| *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