**Ref: #18**

**Request for Changes**

בקשה לשינויים

**Dear Student,**

This form is intended for doctoral students under the following circumstances:

Leave of absence, change in subject of research, interrupted studies, request for exemption from courses and/or course recognition, etc.

**In the event of a request due to illness, military reserves, etc., please attach relevant documentation.**

**Please type your request on this form. Handwritten forms will not be handled**.

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To: Dean of the School of Graduate Studies**

**From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I.D.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you hold a President’s Scholarship: 🞏 Yes\***

**🞏 No**

**\*For requests for extensions/deferment/renewal, please apply directly to the President’s Scholarship offices.**

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_**\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Began doctoral studies in year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for Request:**

|  |  |
| --- | --- |
| 🞏 Extension for submission of Research Proposal until \_\_\_\_\_  🞏 Extension for submission of a research Equivalent of MA thesis until \_\_\_\_\_  🞏 Exemption from English studies  🞏 Renewal of studies  🞏 Recognition for courses studied  🞏 Delayed submission of assignment  🞏 Leave of absence  🞏 Change in subject of research (indicate name of old & new)  🞏  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞏 Extension for submission of dissertation\* until \_\_\_\_\_  🞏 Extension in supplement courses\* until \_\_\_\_\_  🞏 Exemption from second foreign language  🞏 Exemption from courses\*\*  🞏 Inter-school studies  🞏 Submission for alternate exam date  🞏 Discontinuing studies  🞏 Exemption from course on Judaism  🞏 Change/addition of Supervisor |

**\*Is this your first request for an extension?**  🞏 Yes

🞏 No Number of prior requests for extension: 🞏

**\*\*Please attach your syllabus; official, original transcripts; and recommendation by Department Chair**

**Reasons s for request:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Incomplete forms will be returned to sender and not processed.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Student’s signature

**Supervisor(s)’ Recommendation: (In the event of a request for an extension/renewal, please note when the student will submit Proposal/Dissertation/Equivalent Paper):**

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**Date Supervisor(s)’ Names Supervisor(s)’ Signatures**

**Department Chairman’s Recommendation:**

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**Date Department Committee Chairman’s Name Department Committee Chairman’s Signature**

**(Internal Use)**

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**Resolution:**

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**Date Dean Head of Ph.D Unit**

**School of graduate studies School of graduate studies**