The Administrative Office of the affiliated academic colleges & pre-academic training programs

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2017

Form of Intake for Academic Colleges and Pre-Academic Training Programs

2. Mathematics 6th term (June 2017)
3. Physics 5th term (July 2017)

______________________________________________________________________________

First name: ____________________________
Last name: ____________________________
ID number: ____________________________
City: ____________________________
Address: ____________________________
Mobile: ____________________________
Telephone: ____________________________
E-mail: ____________________________

Family: ____________________________
Religious: ____________________________

Gender: 1. Male 2. Female

Date of Birth: ____________________________
Place of Birth: ____________________________
Country of Birth: ____________________________

Type of Citizenship: 1. Israeli 2. Foreign


Year of Completion: ____________________________
Grade: 1. Eligible 2. Not Eligible

Mathematics Exam PSY: 1. Yes 2. No

PSY: ____________________________
Mathematics Exam: ____________________________

Special: ____________________________

Date: ____________________________
Signature: ____________________________

______________________________________________________________________________

For use by the office:
Documents submission
Registration agreement
Photo of ID
Baccalaureate exam
Psychometry
Academic program decisions:
Acceptance
Suspension
Condition - Mathematics test
Suspension of studies: ____________________________

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