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Research and Development Authority, Tel. 03-9066670, Fax. 03-9066621

Date of submission:
Application Form for Research Fellow
NSTRUCTIONS:
The application form and all supporting documents (listed below) must be typed in English and submitted to R&D Authority via the email address research-fellows@ariel.ac.il through the appropriate Faculty, together with a recent photograph.
The application must be signed by the candidate, AU researcher, Department Chair, and Dear of the Faculty.
A. PERSONAL INFORMATION
Full Name:
Gender: Male / Female_
Citizenship:
Passport number/Israel ID no:
Date of birth:
Permanent address:
Phone numbers home:

T\+972-3-9066111 F\+972-3-9365901 A\ Ariel, 40700, Israel

work:

mobile:

E-mail address:



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Present appointment and place of employment:					
Are you employed by the university in any kind of job (including an academic or					
administrative p	osition)?				
Knowledge of languages (none, low, fair, high)					
Language	Reading	Writing	Speaking		
English					
Hebrew					
Other					
B. ACADEMIC CAREER Academic discipline					
Academic studies and university degrees, (please indicate the institution). If degrees were conferred with honors, please indicate.					
PhD graduation (month/year), If not yet approved, please provide anticipated date.					
Academic awards and distinctions					

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C. PLANNED RESEARCH

Requested department to conduct your research
Short description of proposed research (up to three sentences)
Will the research activity include supervision of graduate students? Please detail briefly, make sure to mention their names.

D. APPENDICES

Please provide the following appendices (please send each appendix in a separate file):

- 1.1 In certain cases, copy of academic degree certificates (PhD, MD). Please do not include academic transcripts/grades.
- 1.2 CV including list of publications. Please mention the impact factor of the journal, if it exists.
- 1.3 A summary of your research plan (up to 2 pages).
- 1.4 In certain cases, two recommendation letters from people familiar with your work.

I have read the rules and guidelines in their entirety, confirm that I shall abide by them and agree to provide any further information which Ariel University steering committee may deem necessary to evaluate my candidacy.

Applicant name	Signature	Date
AU Researcher	Signature	Date
Department Chair	Signature	Date
Faculty Dean	Signature	Date

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