

**Date of submission:** \_\_\_\_\_

**Application to extend Research Fellowship**

**INSTRUCTIONS:**

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](mailto: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 Dean of the Faculty.

**A. PERSONAL INFORMATION**

Full Name: \_\_\_\_\_

Passport number/Israel ID no: \_\_\_\_\_

Permanent address: \_\_\_\_\_

Phone numbers home: \_\_\_\_\_

work: \_\_\_\_\_

mobile: \_\_\_\_\_

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

Present appointment and place of employment: \_\_\_\_\_

---

Are you employed by the university in any kind of job (including an academic or administrative position)? \_\_\_\_\_

**B. 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.

---

---

**C. APPENDICES**

Please provide the following appendices (each to be sent in a separate file):

- Annual Summary Report Activity – Form num. 873.
- A summary of your research plan (up to 2 pages).

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 the Ariel University research fellows committee may deem necessary to evaluate my candidacy.

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