

Extension of Invitation of a Post-Doctoral Fellow

Must be sent with a short report approved by the supervisor

Date: _____

To: The Executive Vice President for Academic Affairs

From: _____ Department: _____
Head of the department

Name of the candidate: _____ I.d./Passport no. _____

Nationality: _____

Period of extension: from _____ until _____

Monthly payment of: _____ Budget no. _____

The supervisor – name of a faculty member: _____ Phone no. _____
(who will be in Israel during the Fellowship)

Signature: _____ Date: _____
Head of the department Supervisor

Budget Approval:

Approved from: _____ until: _____ no. of months: _____

Monthly scholarship: _____ Sum: _____

Approval no. _____ Budget no. _____

Date: _____ Name & signature: _____

Academic Approval:

The Executive Vice President for Academic Affairs _____
signature