Study Abroad Approval Form
International School
University of Haifa

Name: ____________________________  E-mail Address: ____________________________

Passport #: _________________________

Your study abroad Advisor or Academic Dean must sign the following statement in order for your application to be evaluated by the Admissions Committee.

To the school official:

Has the applicant received approval for study at the University of Haifa?
  yes ___ no

Will the applicant receive credit for work done at the University of Haifa?
  yes ___ no

Will the applicant receive credit for Internship done while studying at the University of Haifa?
  yes ___ no

Comments: ____________________________________________________________

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________________________________________________________________________

________________________________________________________________________

Name: ____________________________
Position: __________________________
Institution: ________________________
Address: __________________________

Phone: ___________  Fax: ___________  E-mail: ____________________________

Signature: __________________________  Date: ____________________________

Institutional Seal or Official Stamp

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