



**Application Form**  
**MA Program in Peace and Conflict Management Studies**  
University of Haifa

**Instructions**

All of the following materials must be submitted before your application will be processed:

\_\_\_ **Application Form**

\_\_\_ **Official Transcript and Undergraduate Diploma:** Submit one original official (sealed) transcript and a copy of the undergraduate diploma from the institution of higher education attended.

\_\_\_ **Letters of Recommendation:** Submit two sealed confidential academic letters of recommendation. Recommendations should be from relevant faculty members who have first-hand knowledge of your academic performance. If you have been out of an academic framework for 2 years or more you may use recommendations from employers, but only from relevant work experience. You may use the letter of recommendation forms provided, but you may also submit letters of recommendation.

\_\_\_ **Personal Statement:** A personal statement as explained in Section G of the Application Form (500-750 words).

\_\_\_ **Curriculum Vitae/Resume**

\_\_\_ **Medical Form**

\_\_\_ **TOEFL scores:** Candidates, who have not previously studied at an institution of higher education where the language of instruction was English, must submit official TOEFL scores.

\_\_\_ **Photographs:** Six color passport-size photographs (5 cm x 5 cm) with your name written on the back of each.

\_\_\_ **Application Fee:** A personal, bank, or traveler's check in the amount of US \$100.00 and made payable to *The University of Haifa* needs to be included with the application. The fee can be paid in Euro or Israeli shekels for the equivalent amount.

**Deadline\* for program start in the fall:** March 15

\*We are happy to consider late applications on a space-available basis.

Upon completion, all materials should be sent together to:

Admissions Office  
International School  
University of Haifa  
Haifa 31905  
Israel



**Application Form**  
**MA Program in Peace and Conflict Management Studies**  
University of Haifa

**A. Introductory Information**

*Please indicate the year for which you would like to apply:*

Fall 20\_\_

*If you are interested in participating in a short-term program before your semester begins, please indicate the program and year below. There is no need to fill out an additional application.*

Intensive Hebrew Ulpan      July 20\_\_                      August 20\_\_  
Intensive Arabic Language      August 20\_\_

*Housing:*

\_\_\_ Single Room                      \_\_\_ I do not need campus housing

**Please type or print clearly:**

Name (first, middle, last): \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Circle one:    Male    Female

Permanent Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Permanent Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Current Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Current Address and Phone Good Until: \_\_\_\_\_

E-mail: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Social Security/ID Number: \_\_\_\_\_ Israeli ID Number (where applicable): \_\_\_\_\_

Passport Number(s): \_\_\_\_\_

Countries of citizenship: \_\_\_\_\_ Place of birth: \_\_\_\_\_



**B. Education**

Colleges and/or University(s) attended (list the most recent first):

| Name  | Location | Date  |
|-------|----------|-------|
| _____ | _____    | _____ |
| _____ | _____    | _____ |
| _____ | _____    | _____ |
| _____ | _____    | _____ |

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Graduation date: \_\_\_\_\_ Grade point average: \_\_\_\_\_

Expected graduation date: \_\_\_\_\_

List any articles published, projects implemented, scholarly research or accomplishments you have achieved in this field and give a brief description (if you need more space please attach a separate sheet):

| Title | Description |
|-------|-------------|
| _____ | _____       |
| _____ | _____       |
| _____ | _____       |
| _____ | _____       |

If you have physical or learning disabilities and will require accommodations to complete your course assignments, please submit official documentation verifying the nature of your disability and supporting your specific request.

**C. Family**

Family Member #1:

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Family Member #2:

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_



Emergency contact abroad (if different from above family members)

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Were either of your parents born in Israel?    \_\_\_ Father \_\_\_ Mother \_\_\_ No

Are either of your parents Israeli citizens?    \_\_\_ Father \_\_\_ Mother \_\_\_ No

Emergency contact in Israel? (If available)

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

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

**D. Activities and Employment**

Please list any recent jobs:

| Position | Place of Employment | Dates |
|----------|---------------------|-------|
| _____    | _____               | _____ |
| _____    | _____               | _____ |
| _____    | _____               | _____ |
| _____    | _____               | _____ |

Please list your extracurricular activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**E. Language Proficiency**

Indicate your language proficiency (scale: excellent, good, fair, poor, none or mother tongue)

| Language | Speaking | Reading | Writing |
|----------|----------|---------|---------|
| English  |          |         |         |
| Hebrew   |          |         |         |
| Arabic   |          |         |         |
| Other:   |          |         |         |
| Other:   |          |         |         |
| Other:   |          |         |         |

**F. TOEFL Scores**

Please provide your official TOEFL scores.

Minimum TOEFL score required for admission is:

- 570 on the paper-based test
- 230 on the computer-based test
- 89 on the internet-based test

**G. Personal Statement**

Please type and submit a personal statement addressing why you are applying to the MA Program in Peace and Conflict Management Studies and your future career goals. The length of the statement should be 500 - 750 words.

**H. Curriculum Vitae/Resume**

Please type and submit a Curriculum Vitae including all relevant information.

**I. Academic References** (Recommendations should be written by a faculty member relevant to Peace and Conflict Management Studies who is not a language teacher)

Please list the name and institution of each individual who will be sending a letter of recommendation for you:

1. \_\_\_\_\_
2. \_\_\_\_\_

**J. Additional Information**

How did you find out about the program? (check all that apply)

- A friend told me about the program
- I met your representative at: \_\_\_\_\_
- I saw an advertisement for the program in a newspaper or magazine. Name of publication: \_\_\_\_\_
- A professor or advisor recommended the program
- I saw the International School's website
- I found the program listed on another web page. Specify: \_\_\_\_\_
- Other (please specify) \_\_\_\_\_



If you have applied to any other graduate programs in or outside of Israel or if you intend to apply, please specify which programs: \_\_\_\_\_

You may release my name, address, phone number, and e-mail to other students accepted to University of Haifa study abroad programs \_\_\_ yes \_\_\_ no

You may release my name, address, phone number, and e-mail to organizations or individual students who request information about Haifa University students, at your discretion \_\_\_ yes \_\_\_ no

#### **J. Terms and Conditions**

1. I understand that upon my admission to the University of Haifa, my signature on this application form constitutes an agreement between myself and the University as to the terms of my compliance with all University regulations as well as the decisions of the University authorities.
2. The University will not be liable for any accident caused to me, and I hereby waive and release the University and its respective officers, employees and agents from any and all claims for any injury, damage, loss or expense arising from
  - a. the acts of any officer, employee or agent of the University, of any participant in the Program, or any other person, firm or corporation; or:
  - b. any illness or accident suffered by me, whether the injury, damage, or loss or expense occurs during the period of my participation in the Program or while I am in transit between my home and the University.

**Note:** Students in the International School, like any other University of Haifa students, are insured by the University of Haifa against damage caused by negligent acts or omissions on the part of the University of Haifa or its employees, sustained either on the grounds of the University of Haifa, or while participating in activities initiated by the University of Haifa, even if they are outside the grounds of the University.

3. The University is not liable for any loss or damage to my property. Therefore it is recommended that I arrange in advance of my departure, adequate insurance coverage for theft, loss or damage to any personal belongings of material value which I may take with me.
4. All students in the International School must have a valid health insurance policy for the duration of their studies in Israel. The University of Haifa provides students with an Israeli health insurance for their period of study. If a student does not qualify for the Israeli health insurance, then the student must arrange health insurance independently. This policy may be an extension of the student's family health coverage or a policy issued by the student's home university, but must be valid for Israel.
5. I am aware of and accept the University regulations prohibiting the possession, use, sale or transmission of marijuana, hashish, or any other illicit drugs or narcotics. I understand that any student found guilty of such may be subject to unconditional dismissal from the University, without any recourse.

I certify that the information given on this application is correct to the best of my knowledge.

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_



### Medical Examination Form - MA

International School  
University of Haifa

#### Part 1: To be completed by applicant

Student's Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Passport #: \_\_\_\_\_

#### Medical History: Please check all that apply and include dates

\_\_\_\_\_ Heart Disease (including Rheumatic Fever) \_\_\_ / \_\_\_ / \_\_\_\_

\_\_\_\_\_ Gastrointestinal Disease (including ulcer) \_\_\_ / \_\_\_ / \_\_\_\_

\_\_\_\_\_ Liver Disease \_\_\_ / \_\_\_ / \_\_\_\_

\_\_\_\_\_ Kidney Disease \_\_\_ / \_\_\_ / \_\_\_\_

\_\_\_\_\_ Mental Disease (including depression) \_\_\_ / \_\_\_ / \_\_\_\_

\_\_\_\_\_ Neurological Disease (including epilepsy) \_\_\_ / \_\_\_ / \_\_\_\_

\_\_\_\_\_ Lung Disease (including asthma) \_\_\_ / \_\_\_ / \_\_\_\_

\_\_\_\_\_ Diabetes \_\_\_ / \_\_\_ / \_\_\_\_

\_\_\_\_\_ Tuberculosis \_\_\_ / \_\_\_ / \_\_\_\_

\_\_\_\_\_ Anemia \_\_\_ / \_\_\_ / \_\_\_\_

\_\_\_\_\_ Hernia \_\_\_ / \_\_\_ / \_\_\_\_

\_\_\_\_\_ Hypertension \_\_\_ / \_\_\_ / \_\_\_\_

Other diseases not listed above (including dates): \_\_\_\_\_

Detail major operations and/or hospitalizations (including dates): \_\_\_\_\_

Detail all allergies and drug reactions: \_\_\_\_\_

#### Applicant's Statement:

I hereby certify to the best of my knowledge that the above medical information is correct. I understand that any illness suffered prior to arriving in Israel that has not been described on this medical form may result in my return to my country of origin at my own expense, or result in my treatment in Israel at my own expense. I affirm that I am not addicted to illegal substances (such as narcotics) and I understand that my use of such illegal substances may be grounds for my dismissal from the International School and the University of Haifa.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_



**Medical Examination Form - MA**

International School  
University of Haifa

**Part 2: To be completed by a licensed physician who is not related to applicant**

Student's Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Passport #: \_\_\_\_\_

**Notes to the Examining Physician:** Your medical report is necessary for our evaluation of the student's application. Any applicant who has been under the care of a specialist must submit a written detailed report giving complete diagnosis, prognosis, and evaluation. If any changes arise in the applicant's condition within the last 10 days before departure, the application must submit a full explanatory medical letter. This information will be treated confidentially.

**Physical Health**

|                   | Normal | Abnormal | Describe Abnormality |
|-------------------|--------|----------|----------------------|
| Hearing           | _____  | _____    | _____                |
| Vision            | _____  | _____    | _____                |
| Chest, Lungs      | _____  | _____    | _____                |
| Heart             | _____  | _____    | _____                |
| Vascular System   | _____  | _____    | _____                |
| Abdomen           | _____  | _____    | _____                |
| G.I. System       | _____  | _____    | _____                |
| G.U. system       | _____  | _____    | _____                |
| Upper Extremities | _____  | _____    | _____                |
| Lower Extremities | _____  | _____    | _____                |
| Spine             | _____  | _____    | _____                |
| Nervous System    | _____  | _____    | _____                |
| Mental State      | _____  | _____    | _____                |

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Urinalysis: \_\_\_\_\_

Hemoglobin: \_\_\_\_\_

**Current Medications:**

| Generic Name: | Dosage: | Purpose: |
|---------------|---------|----------|
| _____         | _____   | _____    |
| _____         | _____   | _____    |
| _____         | _____   | _____    |
| _____         | _____   | _____    |



**Mental Health**

Is the individual currently involved in psychological therapy of any kind? \_\_\_\_\_

If so, with whom?    \_\_\_ psychiatrist            \_\_\_ psychologist  
                                 \_\_\_ counselor            \_\_\_ social worker

Is there any history of psychological or psychiatric care? If yes, give dates:  
\_\_\_\_\_

Has the applicant ever been advised to have counseling, psychotherapy, or psychiatric care? If yes, please explain circumstances.  
\_\_\_\_\_

Additional comments:  
\_\_\_\_\_  
\_\_\_\_\_

**Physician's Statement**

1. I have read the "Notes to the Examining Physician" on the first page of the Medical Form and thereafter examined \_\_\_\_\_. The results I have recorded represent, to the best of my knowledge, all the applicant's medical history and my findings on examination. I understand that the program organizers in Israel rely on my report. In my opinion, the applicant is physically, mentally, and emotionally capable of studying at the University of Haifa.    \_\_\_ Yes    \_\_\_ No

If no, please explain: \_\_\_\_\_

2. I recommend full physical activity.            \_\_\_ Yes            \_\_\_ No

If no, please explain: \_\_\_\_\_

3. I recommend certain restrictions.            \_\_\_ Yes            \_\_\_ No

If yes, please explain: \_\_\_\_\_

4. The applicant can withstand certain changes in diet from which s/he is accustomed.

\_\_\_ Yes    \_\_\_ No            If no, please explain: \_\_\_\_\_

Physician's name (please print or type): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ License Number: \_\_\_\_\_ Date: \_\_\_\_\_

Stamp and signature of physician: \_\_\_\_\_



**Academic Recommendation Form #1 - MA**  
University of Haifa

To the Student:

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Passport #: \_\_\_\_\_

This academic recommendation should be given to a professor who knows you well and is able to judge your academic qualifications. A letter of recommendation is also acceptable.

As this letter is confidential, it should be sent directly to the University of Haifa by the person writing the letter. You must provide a stamped, addressed envelope for this purpose. You may submit this letter yourself if it has been placed in a sealed envelope and has been signed over the seal by the person writing the recommendation.

I waive my right to access this recommendation:  Yes  No  
Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To the Reference:**

The above named student is applying for admission to the Masters Program in Peace and Conflict Management Studies in the International School at the University of Haifa. The Admissions Department appreciates your taking the time to complete this form which will help us evaluate the candidate's academic and personal qualifications. If you would prefer to substitute a letter of recommendation rather than complete this form, please attach the letter to this form. Please return the recommendation in a sealed envelope to the applicant or send it directly to:

Admissions Office  
International School  
University of Haifa  
Haifa 31905  
Israel

How long have you know the candidate and in what capacity?

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Please tell us about the applicant's intellectual qualities and academic work.

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What are your impressions of the applicant's character and maturity and his/her ability to adjust to an MA program in an international setting?

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Please comment on the student's motivation and his/her ability to succeed in an intensive MA program?

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Please compare the applicant's abilities in the following areas with your other students:

|                               | Top 5%                   | Top 10%                  | Top 50%                  | Bottom 50%               |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Academic Achievements         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Critical Thinking             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Creativity                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interpersonal Relations       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Written Expression in English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oral Expression in English    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please share with us any additional information or comments about this student that you think we need to know: \_\_\_\_\_

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

Position: \_\_\_\_\_ Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Academic Recommendation Form #2 - MA**  
University of Haifa

To the Student:

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Passport #: \_\_\_\_\_

This academic recommendation should be given to a professor who knows you well and is able to judge your academic qualifications. A letter of recommendation is also acceptable.

As this letter is confidential, it should be sent directly to the University of Haifa by the person writing the letter. You must provide a stamped, addressed envelope for this purpose. You may submit this letter yourself if it has been placed in a sealed envelope and has been signed over the seal by the person writing the recommendation.

I waive my right to access this recommendation:  Yes  No  
Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To the Reference:**

The above named student is applying for admission to the Masters Program in Peace and Conflict Management Studies in the International School at the University of Haifa. The Admissions Department appreciates your taking the time to complete this form which will help us evaluate the candidate's academic and personal qualifications. If you would prefer to substitute a letter of recommendation rather than complete this form, please attach the letter to this form. Please return the recommendation in a sealed envelope to the applicant or send it directly to:

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Israel

How long have you know the candidate and in what capacity?

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Please tell us about the applicant's intellectual qualities and academic work.

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What are your impressions of the applicant's character and maturity and his/her ability to adjust to an MA program in an international setting?

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Please comment on the student's motivation and his/her ability to succeed in an intensive MA program?

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Please compare the applicant's abilities in the following areas with your other students:

|                               | Top 5%                   | Top 10%                  | Top 50%                  | Bottom 50%               |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Academic Achievements         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Critical Thinking             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Creativity                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interpersonal Relations       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Written Expression in English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oral Expression in English    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please share with us any additional information or comments about this student that you think we need to know:

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

Position: \_\_\_\_\_ Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_