

**Application Form
MA Program in Peace and Conflict Management Studies**

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**

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: _____

Site 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

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

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

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?

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

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?

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

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:

Name: _____

Position: _____ Institution: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Signature: _____ Date: _____

Academic Recommendation Form #2 - MA

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:

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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: _____

Name: _____

Position: _____ Institution: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Signature: _____ Date: _____