**School of Graduate Studies at the Faculty of Medical and Health Sciences**

**Ph.D. Application Form**

**For master’s degree (second degree) holders from an academic institution,**

**recognized by the Council for Higher Education (CHE)**

1. **First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Address**:

 Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No.\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Home telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Mobile**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Skype** user name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-mail**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **I am interested in applying as a candidate for the following track:**
	* Regular doctoral track (for those with a master’s degree)
	* BRAVO Ph.D. Program (after M.Sc.)
2. Name of PhD advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Education:

|  |  |  |  |
| --- | --- | --- | --- |
| **Bachelor’s degree – field**  | **Institution**  | **Year graduated**  | **Grade point average**  |
|   |   |   |   |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Master’s degree – field**  | **Institution**  | **Year graduated**  | **Grade point average**  | **Thesis subject**  | **Thesis grade**  |
|   |   |   |   |   |   |

\* Please attach confirmation of final research project grade or see that it is noted in the grade transcript

1. Subject of final project:
2. Name of final project advisor:

**\*** Please send your original certificates to TAU registration office for translation: **galinar@tauex.tau.ac.il** 9. Attached are copies of scientific articles (circle one) Yes / No

10. Names of researchers who can serve as references of your ability to engage in research during your advanced studies:

Please send two written recommendations directly to: medphd@tauex.tau.ac.il

1) First name and surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Institution and department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2) First name and surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Institution and department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Research statement** (attached at the end of this form) - Please make it brief and well written and do not exceed the page allotted for this. **The statement shall be submitted printed in 12 pt. font (in English).** You will be required to present the research proposed in the research statement during your admission interview.
2. During the interview you will be asked to present the thesis (final project) and the future research.

This will be followed by a discussion and questions pertaining to your thesis and future research.

 Therefore, you should prepare a **brief presentation** describing the research project you wish to pursue and based on the research statement you submitted (exactly five minutes). Please note, your assessment by the admissions committee will also be based on your ability to keep to the schedule. Below are points that should be covered in the second presentation describing your future research:

* + Describe the research project you wish to pursue, emphasizing the following points. Assume that you will not be restricted in terms of budget or resources.
	+ Research goal, research question and possible methodologies for examining the question.
	+ What are the possible results and their significance.
	+ Has your previous training in this field helped you in planning this project and how?
	+ *Explain additional research approach would you be interested in pursuing in order to advance the study*.

1. I hereby authorize the transfer of my registration information from the outstanding students’ track to the regular track in case I am found suitable (Circle one): Yes / No 14. Attached is a **copy of my passport** (circle one) Yes / No

15. **Field of study:**

* **The research will be carried out in** (circle one): **Campus** (basic science) / **hospital** (clinical)
* **Sub-field of future research** (circle one or more):

Neurobiology, Biochemistry, Metabolism, Developmental Biology, Computational Biology (Bioinformatics), Epidemiology, Immunology, Anatomy and Anthropology, Microbiology, Molecular Biology, Cell Biology, Pathology, Cancer, Environmental and Occupational Health, Theology, Genetics, Genetics, Genetics Aging, heart disease, metabolic diseases, drug development, pharmacology, stem cells, bioethics and medical humanities, psychiatry and mental health, epidemiology and preventive medicine, public health, physiology, communication disorders, nursing, physiotherapy, occupational therapy, dentistry

* **Indicate 5 keywords of your study** (in addition to or similar to the above):

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 Applicant’s signature Date