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Date:

**Presidential Scholarship –Application Form to the Committee**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Identification number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The first year of doctoral study \_\_\_\_\_\_\_\_\_\_\_\_ Faculty&department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ :

Date when the scholarship was first received: \_\_\_\_\_\_\_\_\_\_\_\_\_ End date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of inquiry:**

* Extension of the due date for research proposal submission until the date: \_\_\_\_\_\_\_\_\_\_\_\_\_
* Extension of the due date for dissertation submission until the date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Extension due to parenthood/child birth
* Request for supporting funding for conference participation
* Work permit
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For all applications, please give the reason for the request (below) and a recommendation from your supervisor.

A letter of recommendation from the Departmental / Faculty Authorizing Committee should be included to all extension requests.

ם  **First time request**

ם **If this is not your first request, please provide details about your previous request:**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: Nature of the request \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:**

ם **Maternity leave** Date of giving birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ (please include a certificate)

ם **Conference** Please attach the request form for funding for the conference and an invitation to participate in the conference

Have you submitted your research proposal? yes/no

ם **Work permit**

Type of work \_\_\_\_\_\_\_\_\_\_:

Number of working hours per week: \_\_\_\_\_

Did you receive a working permit in the past \_\_\_\_\_\_ Total weekly hours \_\_\_\_\_\_:

Did you submit a research proposal? yes/no

ם **Postponement of submission of research proposal/ Doctoral dissertation**

The date specified in the contract \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ :

Reason/s for the request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Student signature

Advisor recommendation:

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Date Name of advisor Signature of advisor

Recommendation of the head of the Departmental / Faculty Authorizing Committee:

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Date Name of the head of the faculty committee Signature