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**(Research Name)**

**Capital Letter on Every Word Except for Linking Words**

**Thesis submitted in partial fulfillment**

**of the requirements for the degree of**

**“DOCTOR OF PHILOSOPHY”**

**by**

**(First Name) (Last Name)**

**Submitted to the Senate of Ben-Gurion University**

**of the Negev**

**)Date)**

### Beer-Sheva

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**of the Negev**

**Approved by the advisor**

**Approved by the Dean of the Kreitman School of Advanced Graduate Studies**

**)Date)**

### Beer-Sheva

This work was carried out under the supervision of

In the Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Research-Student's Affidavit when Submitting the Doctoral Thesis for Judgment**

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, whose signature appears below, hereby declare that

(Please mark the appropriate statements):

\_\_\_ I have written this Thesis by myself, except for the help and guidance offered by my Thesis Advisors.

\_\_\_ The scientific materials included in this Thesis are products of my own research, culled from the period during which I was a research student.

\_\_\_ This Thesis incorporates research materials produced in cooperation with others, excluding the technical help commonly received during experimental work. Therefore, I am attaching another affidavit stating the contributions made by myself and the other participants in this research, which has been approved by them and submitted with their approval.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student's name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Thesis’ content + Bibliography and appendixes

(Hebrew Abstract)

**(שם נושא המחקר – Hebrew Research Name)**

**מחקר לשם מילוי חלקי של הדרישות לקבלת תואר "דוקטור לפילוסופיה"**

**מאת**

**)שם פרטי(First Name )שם משפחה Last Name)**

**הוגש לסינאט אוניברסיטת בן גוריון בנגב**

## אישור המנחה \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**אישור דיקן בית הספר ללימודי מחקר מתקדמים ע"ש קרייטמן \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# (תאריך עברי ( )תאריך לועזי(

(Hebrew Date) (Date)

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