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| **Ben-Gurion University of the Negev**  **The Academic Secretary's Office**  [**nuonuo@bgu.ac.il**](mailto:nuonuo@bgu.ac.il)  **Tel- 08-646-1224** | | **Scholarship Student Request for Funding Advanced Studies**  ***This form is specifically designed for Scholarship students studying Masters, PhD, Doctoral Students and their Equivalent.*** | | | |
| ***Dear Applicant,***  *Applications for funding must be submitted to the Academic Secretary* **at least one month prior to leaving for the course.**  *Please attach relevant academic documentation:* ***Confirmation of request for presenting at the conference, pro forma, registration fees, etc.***  *Please refer to the rules for receiving support from the Academic Secretary website at:* [*Click here*](http://in.bgu.ac.il/acadsec/Pages/study_fund.aspx) | | | | | |
| **ID No.** | **Surname** | | | | **First Name** |
| **Department** | | | | | **Faculty** |
| **e-Mail** | | | | | **Cellphone** |
| Travel Information- Flight ticket dates | | | | | |
| **Departure Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Return Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| Trip Destinations and conference dates | | | | | |
|  | | | | | |
| **To Date:** | **From Date:** | | | **Country of Destination:** | |
|  |  | | |  | |
|  |  | | |  | |
| Details of Funding | | | | | |
| **$** | | | **Sum requested from the Central Fund for Advanced Study for Scholarship Students** | | |
| **$** | | | **Sum requested from the Fund for International Scientific Cooperation** | | |

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| Arrangement for Substitute | | | | | | | | | |
| **If there is no requirement for substitution for teaching or exams please explain:** | | | | | | | | | |
| **Arrangements for substituting in teaching during the period of the trip.** | | | | | | | | | |
| **Semester**  (Please Indicate) | **Time** | | **Date** | | **ID No. of substitute** | | **Name of Substitute** | **Course Title** | |
| **Aleph' / Bet** |  | |  | |  | |  |  | |
| **Aleph' / Bet** |  | |  | |  | |  |  | |
| **Arrangements for substituting in exams during the period of the trip.** | | | | | | | | | |
| **Exam sittings**  (Please indicate) | | **Date of Exam** | | **ID No. of substitute** | | **Name of Substitute** | | | **Course Title** |
| **First sitting-exceptional/ Second sitting/ Special Sitting** | |  | |  | |  | | |  |
| **First sitting-exceptional/ Second sitting/ Special Sitting** | |  | |  | |  | | |  |

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| **Applicant’s Declaration** | | |
| * **“I hereby declare that all of the above is true. I undertake to act in accordance with the instructions of the Security Department, to fulfill all my obligations regarding the arrangements concerning substituting, teaching make-up lessons, and examinations, and to submit within 30 days of my return to Israel an expense report together with receipts for lodging, boarding passes or electronic tickets, and receipts for other expenses to the Foreign Currency Section of the Finance Department. I know that any amount I received and for which I did not submit receipt will be deducted from my salary and returned to the fund from which it was taken. I hereby declare that I am not receiving funding from another academic institution.”** * **“In the event that I do not receive a salary from the University, I hereby undertake to return the full amount as required for any amount I received and for which no receipts have been submitted as stated above. If I am employed by the University, it may deduct the amount from my salary."** * **For master’s degree scholarship students only: "I hereby undertake to refund the full amount that I received from the Central Fund for Scholarship Students, in the event that I do not continue to study for a PhD at Ben-Gurion University of the Negev.”** | | |
| **Date** | **Signature** | **Applicant's Full Name** |

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| **Approvals** | | | | | | | | | | | |
| **Supervisor** | | | | | | | | | | | |
| Supervisor’s recommendation: Approve  Do Not approve | | | | | | | | | | | |
| **Date** | **Signature** | | | | | | | | | **Full Name** | |
| **Head of Department** | | | | | | | | | | | |
| Head of Department recommendation: Approve  Do Not approve | | | | | | | | | | | |
| **Date** | | **Signature** | | | | | | | | | **Full Name** |
| **Approval of the Dean** (required for Master's Students) | | | | | | | | | | | |
| Dean's recommendation: Approve  Do Not approve | | | | | | | | | | | |
| **Approved amount ($)** | |  |  |  |  |  |  |  |  | | **Budget Number** |
| **Date** | | **Signature** | | | | | | | | | **Full Name** |
| **Additional Sources of funding** | | | | | | | | | | | |
| **Approved amount ($)** | |  |  |  |  |  |  |  |  | | **Budget Number** |
| **Approved amount ($)** | |  |  |  |  |  |  |  |  | | **Budget Number** |

***General Guidelines:***

1. *Please read the instructions for travelling abroad found on the internet page of the Security Department:* [www.bgu.ac.il/security](http://www.bgu.ac.il/security)
2. *In addition to the request form please ensure the following documents are attached:*

* *Summary of the presentation/ posters that will be presented at the event.*
* *Confirmation from the event organizers that the presentation and poster have been accepted and will be displayed.*
* *Event Schedule*
* *Formal confirmation of the event with dates and location.*
* *Formal confirmation of the registration costs.*
* *Declaration and commitment form - study tour abroad*
* *Receipts of travel costs or (Pro forma) cost estimation of travel (flights and expenses), from the companies that won the University tender as specified in the link:* [*http://in.bgu.ac.il/finance/pages/tourism-companies.aspx*](http://in.bgu.ac.il/finance/pages/tourism-companies.aspx)