

Master of Political Science
In Security and Diplomacy Studies



One Year International Program in English

www.socsci.tau.ac.il/sec-dip

Application form 2011/12

Form A - Personal Information

**Please attach a
personal
passport sized
photograph**

A. Personal Information

Name * _____
First Middle Last

Gender * Male Female

ID Number (for Israeli citizens)

Passport number (for overseas residents)

Date of birth * _____
DD/MM/YYYY

Marital status * (Please mark): single married divorced widowed (No. of children: _____)

E mail (Primary) * _____

E mail (Secondary) _____

Home phone Number (country code - area code - number) * _____

Cell-phone (country code - area code - number) * _____

Fax Number (country code - area code - number) _____

Head of Program: Professor Azar Gat Email: azargat@post.tau.ac.il
Administrator: Ms Shira Betesh Tel: 972-3-6409540 Fax: 972-3-6409515 Email: secdip@post.tau.ac.il
Mailing Address:
The International Master in Security and Diplomacy Studies
Naftali Building
Tel Aviv University
Ramat Aviv, Tel Aviv 69978
Israel
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Primary Address *

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Mailing address (if different from above)

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Country of Birth*

Country/ Countries of citizenship (Please list all) *

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B. Language skills (Please indicate Poor, Fair, Good or Excellent or leave blank if none)

Is English your first language? * Yes No

If "No," please list education undertaken in English, including relevant exams, dates and grades.

English	Poor	Fair	Good	Excellent
Reading	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Writing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Speaking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Hebrew	Poor	Fair	Good	Excellent
Reading	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Writing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Speaking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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Other: _____	Poor	Fair	Good	Excellent
Reading	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Writing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Speaking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Are you interested in taking classes in: Hebrew Spoken Arabic

C. Family Information

Mother's Name* _____

Mother's Place of birth * _____

Mother's Occupation* _____

Mother's Cell Phone _____

Father's Name* _____

Father's Place of birth * _____

Father's Occupation* _____

Father's Cell Phone _____

Are either of your parents Israeli citizens? * Both None Mother Father

Name(s) and age(s) of siblings

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Do you have relatives in Israel? If yes, please specify.

Have you ever visited Israel? * Yes No

If yes, under which circumstances? Was it under sponsorship of any organization?

D. Emergency Contact Information and Medical Information

Do you have any physical condition or medical problem that has required or still requires professional care that might limit your activity in any way? * Yes No

If "Yes," indicate the condition or problem, the care needed and any limitation on activity.

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Details of emergency contact person

Name * _____

Phone number * _____

Email * _____

Address *

Street Address _____

Address Line 2 _____

City _____ State / Province / Region _____

Postal / Zip Code _____ Country _____

E. TAU Information

How did you find out about the International Master in Security and Diplomacy Studies? *

TAU Website

Gordon School of Social Science Website

Printed Material

Word of Mouth

Online Social Media (Facebook, YouTube...)

If other, please specify _____

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Statement of Application Integrity

By signing this form, I certify that the information presented in my application is accurate, complete and honestly presented. I authorize all persons and entities herein named to provide information to the International Master in Security and Diplomacy or its agent to verify any aspect of my application and/ or my credentials for admission.

I understand and agree that any inaccurate information, misleading information, or omission will be cause for the rescission of any offer or admission, or for discipline, dismissal, or revocation of degree if discovered at a later date.

I also declare my willingness to abide all regulations of the International Master in Security and Diplomacy studies during my period of study.

Date: _____

Signature: _____

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