

Agreement Form for Joint Advising

Date: __ / __ / __

1. Personal details of the student:

Identity/Passport number: _____ Family name: _____ First name: _____
 Telephone/mobile number: _____ email: _____ @ _____
 Name of the University: _____ Department: _____
 Year of commencement of degree studies: _____

2. Details Concerning the Research:

Research subject in Hebrew: _____
 Research subject in English: _____
 Date of commencement of the research: __ / __ / __
 Anticipated date of conclusion of the research: __ / __ / __
 Location of the research: _____

3. Details of the Advisors:

Ariel University: Department: _____
 Name of the Advisor at Ariel University: 1. _____ 2. _____
External University: _____ Department: _____
 Name of Advisor at the external university: 1. Name: _____ I.D. _____
 2. Name: _____ I.D. _____

4. Approval by the External Advisor

A. I hereby agree to serve as an Advisor to the student: _____
 B. I agree to joint advising with: 1. _____ 2. _____
 C. I authorize the subject of the research.
 D. I agree that the research shall be conducted at the facilities of Ariel University.
 Remarks: _____

5. Signatures:

Signature of the external Advisor: _____ Date: __ / __ / __
 Signature of the internal Advisor: _____ Date: __ / __ / __
 Signature of the student: _____ Date: __ / __ / __

6. Approval by the Dean of the School of Graduate Studies

Approved as an external Advisor Approved as an external consultant Not Approved

Dean's name: _____ Dean's signature: _____ Date: __ / __ / __



