

Application Instructions





Application Checklist

To complete and submit your application to the Admissions Committee for evaluation, please ensure that all the following documents have been fully completed:

- Registration Form
- Sponsors' Guarantee of Payment Form (signed and stamped by the sponsor)
- Visa Application Form (This form is required to process your entry visa to Israel):
 - Signature on any pre-existing health conditions
- · Signed Declaration of Intent
- · Passport Pages Photocopies:
 - Personal information pages
 - Visa stamps
 - Extension date (if applicable)
- · Detailed Curriculum Vitae

Please ensure that ALL the above has been completed and included in your application.

Kindly note that additional documentation may be requested from you, following your submission.



Registration Form



Doctorate of Business Administration - 2023

Candidate Info	rmation						
Title				First Name			
Middle Name				Surname			
Job Title							
Company/ Organisation							
Company website							
(
Street Address (Business)							
City				Zip Code			
Country							
<u> </u>							
Phone (Organisation)				Home Phone			
Fax (Organisation)				Mobile			
Email				Skype			
Skills and Educ	cation						
Last Degree Attained							
Institution							
How Did You Le	earn About th	ne Programme?	1				
Direct contact from G	Galilee Institu	ıte: Ph	one Call	Email	Facebook	Linkedin	
Through: GIMI	Graduate	Employer	Other	Name:			



Sponsors' Guarantee of Payment

Candidate Information				
Title		First Name		
Middle Name		Surname		
Job Title				
Company/ Organisation				
Sponsor Infor	mation			
Name of sponsoring of	officer (name of the person responsib	le for the payment)		
Title		First Name		
Middle Name		Surname		
Job Title				
Company/ Organisation				
Street Address (Business)				
City		Zip Code		
Country		Fax		
Phone				
Email				
Fees: Tuition Fees: €31,650	(Full Payment)			
Living Expenses Fee (In Israel): €2,955			
Currency Converter Link	k: https://www.oanda.com/currency/cor	nverter/		
	l expense fee will be sent to the person indica missions committee will not take action until			
		Organisation Stamp		
Signature of Sponsoring Officer				



Visa Application Form

<u>Candidate Info</u>	rmation			
Title			First Name	
Middle Name			Surname	
Previous Surname			Religion	
Country of Birth			Nationality	
Birth Date				
Family Status	Single	Married	Divorced	Widowed
Previous Visa II	nformation			
Visited Israel Previou	sly Yes	No	Dates	
Purpose of Previous Visit				
Country Visited			Date of Visa Issue	
Country Visited			Date of Visa Issue	
Passport Detai	ls			
Number			Issued at	
Expiration Date			(City, Country)	
What type/s of passpo	ort you hold?	Regular *Please specify	Service Fe	deral Diplomatic Other*
after the intended date of to process the entry visa.	the participants' ent	of Interior, in order to	ssport holder owns an OFFICI	rt MUST be valid for a minimum of 7 months AL PASSPORT, it is required to use it to
	., p. c. cg			
If yes specify here			Signature	
First Name			Signature	
Surname				
Date				

Health Insurance provided by Galilee Institute DOES NOT cover any pre-existing conditions or health problems that began prior to arrival in Israel, including but not restricted to any side effects of HIV/AIDS and HIV/AIDS medication, pregnancy treatment and childbirth.



Declaration of Intent

Name	Surname
Citizenship	Passport Number
3	do not intend to stay in Israel illegally, work in Israel or otherwise violate the conditions of my visa It misuse this visa to request political asylum or any other type of asylum from the state of Israel
Date	
Signature	