The Center for Designated Programs
Pre-Academic Program
מכינה קדם אקדמית

To fill the form, please indicate:

For the Program:
- Mathematics 5 Year (May)
- Mathematics 4 Year (July)
- Mathematics 5 Year (Agora)
- Physics 5 Year (August)

Personal Data:
- ___________________________ Name
- ___________________________ Healthy
- ___________________________ Phone
- ___________________________ E-mail

Sex:
1. Male
2. Female

Education:
- Graduates in Mathematics 3 Year
- Graduates in Mathematics 4 Year

Psychometric: Yes

Specialty: _____________________________

Institution where you wish to study: _____________________________

Date: _____________________________

Signature: _____________________________

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For the Ministry:
In order to be accepted to the Program, you must:
- Psychometric Test
- Mathematics Readiness Test

Remarks:
________________________________________________________________________
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