Columbia University

DUAL DEGREE PROGRAM

## application for admission

#### Dual Degree Program between Tel Aviv University and Columbia University

Office of Admissions and Educational Financing School of General Studies, Columbia University 408 Lewisohn Hall, Mail Code 4101 2970 Broadway New York, NY 10027

#### **PROGRAM INFORMATION**

#### **APPLICATION DEADLINE:** January 2

#### ENTRY TERM

O Fall (September) Year \_\_\_\_\_

#### NAME

First (Given)		Middle	Last (Famil	y) Suffix	1
All Previous Surnames/Mai	den Names	Preferred Name			
BIOGRAPHICAL	INFORMATION				
Sex	Date of Birth	n (Month, Day, Year)	Birth City	Birth State	Birth Country
Marital Status	Gender	Pronouns	CF	<b>X</b>	
ADDRESSES					
PERMANENT ADDRESS			MAILING ADDRESS		
Street Address		0	Street Address		
Street Address			Street Address		
City	State	Country Postal Co	de City	State Country	Postal Code
Valid From (Optional)	Valid Until (Option	ual)	Valid From (Optional)	Valid Until (Optional)	
EMAIL ADDRESS					
TELEPHONE NUMBERS	(INCLUDING +COUN				
		Home	Work	Mobile	
CITIZENSHIP INF	ORMATION				
Primary Citizenship:			Dual Citizenship:		
Residency Status: U.S. Pe		Yes O No	Social Security Number:		
If yes, Green Card Num	lber:		Current Visa Type:		
Israeli ID Number (if ap	oplicable):				
Passport Number:					
Passport Issuing Countr	y:				

DATE RECEIVED

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#### LANGUAGE PROFICIENCY

Is English your first language?	O Yes O No	
What is your primary language?		
Was English the primary language of instruction	for your high school or secondary school?	O Yes O No
Which languages, other than English, do you spea	ak fluently?	

#### **FINANCIAL AID**

Please read all financial aid instructions carefully before answering. If you indicate that you do not intend to apply for financial aid in both questions below, you will not be sent financial aid application information.

Do you intend to apply for financial aid during years 1 and 2 of the Dual Degree Program (Tel Aviv University)?	O Yes	O No

Do you intend to apply for financial aid during years 3 and 4 of the Dual Degree Program (Columbia University)?

#### O Yes O No.

#### **TEL AVIV UNIVERSITY ACADEMIC PREFERENCE**

Students in the Dual Degree Program are able to choose from among eight academic programs in which to spend their first two years in Tel Aviv. Please indicate which of these programs you prefer. You will be asked to elaborate on the reasons behind these choices in the essay section.

O Digital Culture and Communication O Jewish and Israel Studies O Literature O Middle Eastern Studies O Philosophy

O Psychology O Entrepreneurship and Innovation\* O Life Sciences

\*Not available as a major

If you are offered admission to the Dual Degree Program, do you plan to defer your enrollment until a future term? Your answer to this question will have no impact on the consideration of your application, and will only be used after the conclusion of the admissions committee's review process to estimate class size.

O Yes O No O Undecided

Please note that these choices are non-binding.

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#### EDUCATIONAL BACKGROUND

Please list and have official transcripts, formal school reports from the last two completed academic years, and any previously completed national exams sent from all all of the following schools you have previously attended or are currently attending. An official transcript is defined as one sent directly to us from the issuing school in a sealed envelope. Please do not recalculate your GPA and do not report if it is not printed on your transcript.

<b>INSTITUTION</b> Type	City/State/Country		Dates attended	Level of Study (Month, Year to Month, Year)	(High School, U	Institution/Degree Indergraduate, Graduate)
Date Conferred or Expected		Field of Study		GPA (e.g., 4.0, 4.3, 5.0	0, 15, 100)	Date Transcript Ordered (Month, Date, Year)
INSTITUTION Type	City/State/Country		Dates attended	Level of Study (Month, Year to Month, Year)	(High School, U	Institution/Degree Indergraduate, Graduate)
Date Conferred or Expected		Field of Study		GPA (e.g., 4.0, 4.3, 5.0	), 15, 100)	Date Transcript Ordered (Month, Date, Year)
<b>INSTITUTION</b> Type	City/State/Country		Dates attended	Level of Study (Month, Year to Month, Year)	(High School, U	Institution/Degree indergraduate, Graduate)
Date Conferred or Expected		Field of Study		GPA (e.g., 4.0, 4.3, 5.0	9, 15, 100)	Date Transcript Ordered (Month, Date, Year)
DID YOU GET A GED?	Yes O No	If yes, state:		Score: Date (Mont	h, Day, Year): _	

DID EITHER OF YOUR PARENTS OR GUARDIANS EARN A BACHELOR'S DEGREE FROM A COLLEGE OR UNIVERSITY? O Yes O No

DOES YOUR HIGH SCHOOL OR SECONDARY SCHOOL HAVE A PUBLICLY AVAILBLE PROFILE DOCUMENT? THOUGH THESE ARE UNCOMMON OUTSIDE OF THE UNITED STATES, A HIGH SCHOOL PROFILE PROVIDES SUMMARY INFORMATION ABOUT THE SCHOOL. O Yes O No

#### **COLLEGE ENTRANCE EXAMINATIONS**

All self-reported scores on this page will be considered unofficial. Applicants will still need to submit official scores, which must be sent directly from the testing service to the Office of Admissions. The College Board ETS code number (SAT, AP, and TOEFL exam results) for the School of General Studies is 2095. For the ACT exam, the school code is 2716.

Please note that neither AP Exam results nor international high school exams (Israeli Bagrut, British A-Levels, International Baccalaureate, French Baccalaureat, etc.) can fulfill the standardized testing requirement for the initial application process. Please see the Standardized Testing section of the Program website if you are unsure of which exam results to submit.

All students, regardless of educational background or citizenship, must submit a standardized exam result. See the Program website for more information.

ÂCT	Test Date (Month, Day, Year)	Composite	English Math	
Reading	Science Reasoning	Writing	English/Writing	
ALP ESSAY EXAM		Test Date (Month, Day, Year)	Score	
AP EXAM	Subject	Test Date (Month, Day, Year)	Score	

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	Subject	Test Date (Month, Day, Year)	Score
	Subject	Test Date (Month, Day, Year)	Score
AE	Overall Score	Test Date (Month, Day, Year)	CEFR Level
В	Subject	Test Date (Month, Day, Year)	Score
	Subject	Test Date (Month, Day, Year)	Score
	Subject	Test Date (Month, Day, Year)	Score
ELTS	Test Date (Month, Day, Year)	Overall Band Score Listening	Reading Writing Speaking
AT I	Test Date (Month, Day, Year)	Combined (CR+M+W)	Critical Reading
	Math	Writing	Essay Subscore
AT II	Subject	Test Date (Month, Day, Year)	Score
	Subject	Test Date (Month, Day, Year)	Score
	Subject	Test Date (Month, Day, Year)	Score
OEFL Internet-based Test	Test Date (Month, Day, Year)	Total Score Listening I	Reading Writing Speaking
OEFL Paper-based Test	Test Date (Month, Day, Year)	Total Score Listening Comp	rehension Reading Comprehension

Structure/Written Expression

Test of Written English

#### **CURRENT ENROLLMENT**

Listing courses you are currently taking is mandatory. Please include your current grade for each course. If you have already graduated, enter "already graduated" as your course.

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#### **APPLICANT INFORMATION**

#### STUDENT TYPE

Please indicate your main area of academic interest during years three and four at Columbia University. This information is nonbinding.

Please list a career that you are considering pursuing after completing	ng your education.
Have you ever applied to Columbia College, The Fu Foundation Sc O Yes O No If yes, please give the date(s) and the decision	chool of Engineering and Applied Science, or the School of General Studies? n(s).
Date(s) (Month, Year):	
Have you ever applied to Tel Aviv University?	
$\circ$ Yes $\circ$ No If yes, please give the date(s) and the decisio	n(s).
Date(s) (Month, Year):	Decision(s):
	ram and to any other undergraduate division of Columbia University—Columbia College (CC) e (SEAS)—nor are candidates eligible to apply to the School of General Studies, including the of these divisions and were not accepted.
Have you ever attended Columbia's American Language Program a O Yes O No If yes, which division(s) and when?	nd/or Continuing Education and Special Programs?
Division:	Date (Month, Year):
Have you ever been suspended or dismissed from any educational i O Yes O No If yes, please attach explanatory note.	institution including Columbia University?
. ,	nor, felony, or other crime? [Note that you are not required to answer "yes" to this question, n has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded, or otherwise [f yes, please attach explanatory note.
STUDENT HOUSING	
All Dual Degree Program students may apply for housing during t campus. Student housing at Columbia University is guaranteed and	heir time in the program. Tel Aviv University offers university-approved housing close to I offered through Columbia Residential.
Will you be applying for housing? O Yes O No	7
FOR OUR RECORDS	
Did you attend an admissions information session before deciding to a	apply to the Program? O Yes O No Approximate Date (Month, Date, Year):
Have you conferred with any Columbia or Tel Aviv University repr	esentative about the admissions process (e.g., admissions officer, coach, alumni, faculty)?
If yes, with whom?	
To what other colleges and universities are you applying? (Your ans	wer will in no way influence the admissions decision.)
Have you applied ED I or ED II to another institution? O Yes	O No
How did you hear about the Dual Degree Program?	
O College guidebook/website (which one?)	O Advertisement (where?)
O College fair (where?)	
O Current Columbia Dual BA student (who?)	O News article (which one?)
O Columbia alumnus (who?)	O Other
O Academic Advisor/Guidance Counselor	

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#### EXTRACURRICULAR ACTIVITIES AND WORK EXPERIENCES

Please add your extracurricular, professional, and/or volunteer experiences below. You may also attach a résumé or C.V. to your application. If you choose to submit a résumé/C.V, the section below is optional and does not need to be completed.

DRGANIZATION NAME	City	State/Province	Country	Dates of Employment (Month, Year to Month, Year)
	Industry		Description	
RGANIZATION NAME	City	State/Province	Country	Dates of Employment (Month, Year to Month, Year)
	Industry		Description	
DRGANIZATION NAME	City	State/Province	Country	Dates of Employment (Month, Year to Month, Year)
	Industry		Description	
DRGANIZATION NAME	City	State/Province	Country	Dates of Employment (Month, Year to Month, Year)
	Industry		Description	
DRGANIZATION NAME	City	State/Province	Country	Dates of Employment (Month, Year to Month, Year)
	Industry	1.5	Description	
DRGANIZATION NAME	City	State/Province	Country	Dates of Employment (Month, Year to Month, Year)
	Industry	7	Description	
DRGANIZATION NAME	City	State/Province	Country	Dates of Employment (Month, Year to Month, Year)
Q,	Industry		Description	
RE YOU A U.S. VETERAN? O Y	es O No			
HAVE YOU SERVED IN A FOREIGN I	MILITARY? O Yes O	No		
f so, please list the country:				
ARE YOU A MEMBER OF PHI THETA F	(APPA? O Yes O )	No		

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\_\_\_\_

#### FAMILY

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If these lines do not permit you to present your complete family circumstances, please do so on a separate piece of paper.

#### HOUSEHOLD INFORMATION

Parents' marital status (relative to each other): \_\_\_\_\_ If divorced, what year?\_\_\_\_

With whom do you reside? (Parent 1 & 2, Parent 1, Parent 2, Legal Guardian, Independent, Spouse/Partner, Other) \_\_\_\_\_

Are you considered financially independent? O Yes O No

PARENT 1 Salutation	First Name	Middle Name	Last Name
Former Last Name	Suffix	Gender	
Birth City	Birth State/Province	Birth Country	
U.S. Citizen O Yes O No	College/University Attended	Graduation Year	Degree
Professional or Graduate School Attend	led	Graduation Year	Degree
Living? O Yes O No			A
MAILING ADDRESS:	Street Address	City	State/Province Country
Postal Code	Preferred Phone Type (Cell, Home	, Work)	Phone Number
Email Address	Industry	Employer	Title/Position
PARENT 2 Salutation	First Name	Middle Name	Last Name
Former Last Name	Suffix	Gender	
Birth City	Birth State/Province	Birth Country	
U.S. Citizen O Yes O No	College/University Attended	Graduation Year	Degree
Professional or Graduate School Attend	led	Graduation Year	Degree
Living? O Yes O No			
MAILING ADDRESS:	Street Address	City	State/Province Country
Postal Code	Preferred Phone Type (Cell, Home	, Work)	Phone Number
Email Address	Industry	Employer	Title/Position

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#### IS SOMEONE OTHER THAN A PARENT YOUR LEGAL GUARDIAN? O $_{\rm Yes}$ O $_{\rm No}$

Relationship to You	Salutation	First Name	Middle Name	Last Name	
Former Last Name	Suffix		Gender		
Birth City	Birth State/Pro	vince	Birth Country		
U.S. Citizen O Yes O No	College/Univer	sity Attended	Graduation Year	Degree	
Professional or Graduate School	Attended		Graduation Year	Degree	
Living? O Yes O No					
MAILING ADDRESS	Street Address		City	State/Province	Country
Postal Code	Preferred Phon	e Type (Cell, Home,	Work)	Phone Number	
Email Address	Industry		Employer	Title/Position	
SPOUSE/SIGNIFICANT OTHER	Salutation	First Name	Middle Name	Last Name	
	Suffix		Gender		
Birth City	Birth State/Pro	vince	Birth Country		
U.S. Citizen O Yes O No	College/Univer	sity Attended	Graduation Year	Degree	
Professional or Graduate School	Attended	2	Graduation Year	Degree	
Living? O Yes O No	<u> </u>				
Industry	Employer	7	Title/Position		
DEPENDENTS OF PARENT	/GUARDIAN				
DEPENDENT 1	Full Name		Relationship to You	Age	
DEPENDENT 2	Full Name		Relationship to You	Age	
DEPENDENT 3	Full Name		Relationship to You	Age	
EMERGENCY CONTACT INFO	ORMATION				
Name	Relationship	Daytime Telep	hone Evening'	Telephone	Email Address
Street Address	City	State	Country		Postal Code

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OTHER FAMILY

#### FAMILY MEMBERS WHO HAVE GRADUATED FROM OR ARE ATTENDING COLUMBIA UNIVERSITY OR TEL AVIV UNIVERSITY

NAME	Relationship to You	Division	Degree	Degree Year
NAME	Relationship to You	Division	Degree	Degree Year
NAME	Relationship to You	Division	Degree	Degree Year
	T COLUMBIA UNIVERSITY	COLUMBIA UNIVERSITY OR IT	S AFFILIATES	
Are you an employee of	Columbia University or its affiliates? O Ye	es O No		
If yes (Division, Title):_				
Do you have members o	of your immediate family who work for Colur	nbia University or its affiliates? O	Yes O No	1
If yes (Division, Title):_				
RELATIVE ONE	Name	Relationship to You	Division	Title
RELATIVE TWO	Name	Relationship to You	Division	Title

#### **OPTIONAL PHOTOGRAPH**

It would be helpful for academic advisors and admissions managers to have a headshot of you. While including a headshot is completely optional and will not impact your application negatively should you decide not to do so, we would appreciate your submitting one with this application.

#### PERSONAL STATEMENT (Required)

Describe how your experiences, both personal and academic, have shaped your decision to pursue the Dual Degree Program, using the following guiding questions:

- Why is an international academic experience important to you as you consider the ways in which it may influence your future?
- How have your academic experiences prepared you for the Dual Degree Program?
- What are your academic interests in, and aspirations for, the program?

Successful essays should both identify and describe specific elements of the Dual Degree Program that meet your needs as a student, as well as explain how your studies at Tel Aviv University complement the major you intend to follow at Columbia University, and how this program is compatible with your future aspirations. (750-1,000 words).

#### LETTERS OF RECOMMENDATION

Please list the names of the individuals to whom you have given the attached evaluation forms. Recommenders must use a school-affiliated email account. The admissions committee will not accept recommendation letters from personal email accounts.

Recommender 1:

Recommender 2: \_

#### PLEDGE

I certify that all the information I have provided in this application is complete and accurate, and I understand that submitting this application allows Tel Aviv University and Columbia University to share any personal and academic information that is relevant to the review of my file.

Signature

Date

# LETTER OF RECOMMENDATION

#### 408 LEWISOHN HALL • 2970 BROADWAY • NEW YORK, NY 10027 • 212.854.2772

O I do not waive the right to examine this letter

#### DUAL DEGREE PROGRAM

To be completed by applicant before giving to recommender. Give one of these forms to each of the two recommenders you select. Ask the evaluator to write a letter and attach it to this form. Instruct the evaluator to enclose the letter in an envelope, sign it across the seal, and return it to you. Do not open this envelope or break the seal. Submit the sealed envelope containing your letters to the Office of Admissions and Educational Financing.

Applicant's Last (Family) Name	First Name	Middle Name	Date of Birth (mm/dd/yyyy)

Under the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), which gives registered students the right to inspect and review their educational records, students may waive the right to see specific confidential statements and letters of recommendation. In the belief that applicants, and the persons from whom they request recommendations, may wish to preserve the confidentiality of those recommendations, we are giving you an opportunity to sign one of the following statements:

#### ○ I waive the right to examine this letter

SIGNATURE

DATE

#### SIGNATURE

DATE

#### LETTER OF RECOMMENDATION

#### TO BE COMPLETED BY THE ACADEMIC/PROFESSIONAL EVALUATOR

- 1. How long have you known the applicant?
- 2. In what capacity do you know the applicant?
  - O Student O Academic Advisor O Employee
  - O Intern O Friend O Other \_\_\_\_
- 3. How do you rank this student in comparison with the students you have taught or worked with?
  - O Extraordinary (One of the best I have worked with)
  - O Exceptional (Top 5%)
  - O Outstanding (Top 10%)
  - O Superior (Top 15%)
  - O Above Average (Top 25%)
  - O Average (Top 50%)
  - O Below Average (Lower 50% but recommended)

4. On a separate sheet or letterhead please provide an evaluation of this applicant's qualifications for undergraduate work in a rigorous academic program. Please compare the applicant with others known to you. This evaluation is to be mailed to the address above, or given to the applicant in a sealed envelope. Please seal and sign the back flap of the envelope; the letter will be submitted unopened by the applicant with his or her application. The deadline for receipt of letters is January 2. Thank you.

NAME OF EVALUATOR

TITLE OF EVALUATOR

INSTITUTIONAL AFFILIATION

SIGNATURE

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### LETTER OF RECOMMENDATION

## Columbia University

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DATE

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DATE

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