

## **Extension of Invitation of a Post-Doctoral Fellow**

Must be sent with a short report approved by the supervisor

Date: \_\_\_\_\_

To: The Executive Vice President for Academic Affairs

From: \_\_\_\_\_ Department: \_\_\_\_\_  
Head of the department

Name of the candidate: \_\_\_\_\_ I.d./Passport no. \_\_\_\_\_

Period of extension: from \_\_\_\_\_ until \_\_\_\_\_

Monthly payment of: \_\_\_\_\_ Budget no. \_\_\_\_\_

The supervisor – name of a faculty member: \_\_\_\_\_ Phone no. \_\_\_\_\_  
(who will be in Israel during the Fellowship)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Head of the department Supervisor

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### **Budget Approval:**

Approved from: \_\_\_\_\_ until: \_\_\_\_\_ no. of months: \_\_\_\_\_

Monthly scholarship: \_\_\_\_\_ Sum: \_\_\_\_\_

Approval no. \_\_\_\_\_ Budget no. \_\_\_\_\_

Date: \_\_\_\_\_ Name & signature: \_\_\_\_\_

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### **Academic Approval:**

The Executive Vice President for Academic Affairs \_\_\_\_\_  
signature