School of Graduate Studies
Sackler Faculty of Medicine
Tel Aviv University

המדרשה לתארים מתקדמים ע"ש ד"ר מרים ושלדון ג' אדלסון
הפקולטה לרפואה ע"ש סאקלר
אוניברסיטת תל אביב

Advisor Form - Authorization for Competency of PhD Degree

Name of student	First name	Last name
Email	Telephone	ID

Research topic: _____

Name of Advisor 1: _____ Academic rank: _____

Name of Advisor 2: _____ Academic rank: _____

Location where research will take place (circle one):   Campus   /   Hospitals

Type of research: Experimental / Not experimental

Recommendation of faculty members to be on the PhD Competency Committee (Senior Lecturer or higher, regular track) – (recommendation only; not guaranteed to be chosen)

1. _____

2. _____

3. _____

4. _____

Faculty members that you request to exclude on the PhD Competency Committee (up to 2)

1. _____

2. _____

Authorization of Competency of student: Yes / No

Evaluation by Advisors: _____

_____

_____

Signature of Advisor _____Date: _____

Signature of second Advisor (if relevant) _____Date: _____