אוניברסיטת תל-אביב @ TEL AVIV UNIVERSITY

BA Liberal Arts GRADUATION APPLICATION

Student Name (Full name as stated in passport):

_____

Student Number: _____ **Starting Year**: _____ **Spring/Fall**: _____

Major: _____ **Minor**: _____ **1.Basic track**: _____ **2.Basic track**: _____

Mailing address: (Please list the address to which you would like your diploma to be sent. Diplomas cannot be mailed to P.O. Boxes. If you would like to pick up your diploma from the BA Liberal Arts office, please write "pick-up" in the space below.)

_____

_____

_____

1. **SEMINAR COURSES.** Please fill out the below section with seminar course information.

Course Number	Course Name	Semester/year	Track (ma-jor/minor)	Title of seminar paper and grade

2. **LANGUAGE COURSE TOWARDS EXEMPTION.** (Students who came in with an exemption should write "Exemption" in the table below.)

Course Number	Course Name

3. Please initial next to the following statements:

___ I certify that I have completed all requirements for the degree, including seminar papers, language courses (if applicable), and have received grades for all assignments.

___ I certify that I do not have any outstanding library books, or library fees.

___ I certify that I do not have any outstanding dormitory fees.

___ I certify that I have paid all monies owed to TAU International and to Tel Aviv University at large.

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THE LESTER AND SALLY ENTIN
FACULTY OF HUMANITIES
THE MULTIDISCIPLINARY PROGRAM IN THE HUMANITIES
B.A. IN LIBERAL ARTS

הפקולטה למדעי הרוח
ע״ש לסטר וסאלי אנטין
התכנית הרב תחומית במדעי הרוח
לתלמידי חו״ל

4. I hereby request a review of my file for purposes of evaluating my eligibility for the BA degree in The Multidisciplinary Program in the Humanities. I understand that I will not be eligible for the degree if I have any outstanding financial or academic obligations. The Faculty of Humanities will issue a provisional letter of completion and transcripts to eligible degree candidates until such time that the official diploma is printed.

Signature: _____   Date:_____

PLEASE NOTE THAT THIS FORM MUST BE SUBMITTED WITH AN ELECTRONIC COPY OF A VALID PASSPORT TO sarahbo@post.tau.ac.il if there have been official name changes since you started the Program.

For office use only:

Name as in Passport/ID	
Course Requirements	
Seminar Requirements	
Language	
Degree Eligibility	
Date of review	
Signature	