**Tel: 04-8292574**

**Research proposal towards MSc studies**

1. Please attach a typed abstract of the research proposal to this form.
2. **The title is to be printed in Hebrew and in English**
3. The student must pass "Ethics in Research".
4. Please print, sign where needed and submit to the departmental graduate secretary

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| **Student's Name:**  | **I.D. #:**  |
| **Department / Program**:       | **Degree:**  |

**To be filled by Supervisor:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **I.D. #** | **Degree** | **First name** | **Surname** | **Affiliation** |
| **Main supervisor** |  |  |       |       |       |
| **Co-supervisor\*** |  |  |       |       |       |
| **Advisor** |  |  |       |       |       |
| **Type of research:** |  **(please choose)** |  |
| **Language** |  **(please choose)** |  |

**\*For co-supervisor (not from Technion): Please submit a CV and a detailed letter detailing his/her part in, and contribution to the research.**

This part to be filled by **student**

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| **Language of thesis: (please choose)**  |

This part to be filled by **advisor,** please check the relevant box**:**

|  |  |
| --- | --- |
| **[ ]**  | To my knowledge, the research I'm supervising **doesn't** involve any use of animals or humans (as defined by the relevant guidelines).  |
| **[ ]**  | To my knowledge, the research I'm supervising **involves, or involved** use of animals or humans (as defined by the relevant guidelines). An application for conducting experiments, will be submitted to the Ethics committee by my advisor. I declare that I read the guidelines. Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **[ ]**  | To my knowledge, the research I'm supervising **doesn't** involve any use of pathogens (as defined by the relevant guidelines).  |
| **[ ]**  | To my knowledge, the research I'm supervising **involve, or involved** pathogens (as defined by the relevant guidelines). An application for conducting experiments, will be submitted to the Ethics committee by my advisor. I declare that I read the guidelines. Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Please print and hand to the Faculty Graduate Studies secretary, signed**

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| --- | --- |
|  Date:  | Student signature  |
|  Date:  | Advisor signature |
|  Date:  | Co-Advisor signature |
|  Date:  | Signature of Graduate Committee Head/Chair |