**school logo
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

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

**To be filled by Supervisor:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **I.D. #** | **Degree** | **First name** | **Surname** |
| **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**

|  |
| --- |
| **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**

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