



Application for adjustments due to fertility treatments, pregnancy, birth, adoption, custody or fostering of a child

This application is worded in the feminine, but relates to males and females alike, and the feminine also relates to masculine and vice-versa.

- The printed and signed application must be submitted to: hatamot@tx.technion.ac.il. Office hours are: Sunday-Wednesday between 11:00 – 13:00, Thursday between 9:30-10:30 at Undergraduate offices, Ullman Bldg.
- **An application submitted without the necessary documents will not be handled.**
- Answers will be sent via email.
- **Members of the teaching staff** may file a claim for maternity leave payments to the National Insurance Institute using the forms located on the website of the National Insurance Institute.

To
Adjustments Coordinator
Undergraduate Studies' Offices

I, the undersigned, _____, I.D / Student No. _____,
who is studying towards a _____ degree in semester number _____
for my academic studies at the academic unit of _____
mobile phone _____ email _____

Hereby confirm that I have read the provisions of the procedure regarding adjustments due to fertility treatments, pregnancy, birth, adoption, custody or fostering of a child (hereinafter: the "Procedure")

I hereby declare that I have been absent from studies in the _____ semester of the _____ academic year, for 21 or more days, for a total of _____ days due to a Qualifying Event, as defined in the Procedure.

Please mark the reason for the absence:

- Absence due to Bed Rest
- Absence during the time shortly after birth, adoption or fostering a child as a guardian parent or parent in a foster family.
- Absence in order to travel to a foreign country for an international adoption, as defined in Section 28a of the Child Adoption Law, 5741-1981.
- Absence in order to receive fertility treatments.



Please list the period/s of the absence:

- | | | | |
|--------------------------------|----|--------------------------------|----|
| 1. During the time period from | to | 2. During the time period from | to |
| 3. During the time period from | to | 4. During the time period from | to |
| 5. During the time period from | to | 6. During the time period from | to |

Please describe the medical and/or social documents attached:

Notes: _____

I request the following adjustment/s:

- Absence from _lessons (Section 6.1 of the Procedure)
- Deferral of studies (Section 6.2 of the Procedure)
- Tasks (Section 6.3 of the Procedure)
- Practical training (Section 6.4 of the Procedure)
- Adjustments in an exam (Section 6.5 of the Procedure)
- Absence from an exam and/or tasks that are a prerequisite (Section 6.6 of the Procedure)
- Extension of studies* (Section 6.7 of the Procedure) - please circle: one / two semesters

*** A request for the extension of studies** must be submitted only **upon the completion** of the “Study Period” – The allotted study period for the degree including any shortening/extensions that were lawfully granted.

- On-campus parking (Section 6.8 of the Procedure)
- Adjustments for spouse (Section 6.10 of the Procedure)
- Merit scholarships and prizes (Section 6.11 of the Procedure)
- Photocopy cards (Section 6.12 of the Procedure)



Research scholarship (Section 6.9 of the Procedure)

- The explanation of the **extension of the period of eligibility for a scholarship** is set forth in Sections 6.9.2-6.9.3 of the Procedure

Students of the Graduate School who request adjustments for the purpose of a research scholarship are requested to complete the following:

I have been a scholarship recipient at Technion as of the month of _____ during the year _____ and to date have received _____ months of scholarship. I am aware that absence from studies due to a Qualifying Event requires me to report in writing that I have returned to my studies (to complete academic activity). The report will be submitted to the Adjustments Coordinator and the Graduate School Secretary at the Academic Unit in accordance with the provisions of Section 5.7 of the Procedure. Failure to report may cause the cessation of scholarship payments.

Notes:

- Approval of the receipt of adjustments for the purposes of a research scholarship will appear in the personal transcript, under the “Comments” section.
- It is the applicant's responsibility to ensure that her request has been approved.
- A request to extend maternity leave by up to 15 additional weeks, without receipt of a scholarship, must be submitted directly to the Graduate School Secretary in the Academic unit, based on the procedure on the Graduate School’s website.
- This application is for an adjustment for a research scholarship alone – **members of the teaching staff** may file a claim for maternity leave payments to the National Insurance Institution using the forms contained on the National Insurance Institution’s website.

Declaration: I am aware that the Certificate of Eligibility that is provided to me, if any, is provided in reliance on the provisions of this declaration and the documents attached hereto, which are complete and full documents. I undertake to provide notice of any change to the said details.

First and Last Name

Date

Signature