**Request for Specially Approved Employment for**  **semester,**  **for scholarship recipients)** (Requests are per semester. In cases of request for part-time employment during the semester, please list the relevant months / dates)

**Please note**: during the extension period of a 6-B scholarship, employment of any kind, at Technion or elsewhere, is strictly prohibited, including as a teaching assistant at the Office for Academic Staff at Technion, unless specifically approved by the Dean of the Graduate School.

Name:       I.D./Student No.:

Cell phone:       student for:

Academic Unit:       receiving  scholarship portions

**Please specify type of requested employment, and provide details accordingly** (1, 2, or 3)

**1. Request for "employment by unit"** (Please detail the total expected "employment by unit")

**Location of** requested **employment at Technion** (department)

Teaching at the Technion #       employment units. Total of #       hours, in courses:

**2.** **Request for non-"employment by unit", at** **Technion** (please attach a letter (**/ or**

**outside Technion** (please attach an employment approval)

**Location** ofrequested **employment:**      , Total of #       hours:      .

**Description** ofrequested **employment:**

**3.** **Request for combined "employment by unit", and any other employment at**

**Technion** (please attach a letter (**/ or outside Technion** (please attach an employment approval)

**Location** ofrequested **employment** (for all jobs)

**Description** ofrequested **employment:** Teaching at Technion #       employment units, in courses:      , and in addition **employment** at:      ,       hours. **In Total (both places):** #      hours.

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**Declaration: I hereby guarantee that this exceptional employment, once approved, will not** **affect my studies nor hinder my research.**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approved by (**It is recommended to attach a letter from the advisor):

1. Advisor's name:       Signature\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_
2. Undergraduate Studies Coordinator / Vice Dean for Teaching (for teaching assistants):Signature\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_
3. **For request type 1 / 3**: Teaching / project instruction exception requested is due to **a strong academic unit necessity**

Signature of Undergraduate Studies Coordinator / Vice Dean for Teaching \_\_\_\_\_\_\_\_\_\_\_

1. Head of the Academic Unit's Graduate Studies Committee: Signature\_\_\_\_\_\_ Date:\_\_\_\_\_

**Dean of the Graduate School:** Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(For scholarship office use)

**Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_