



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 of requested employment: _____, Total of # _____ hours: _____.

Description of requested 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 of requested employment (for all jobs) _____

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

=====
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):

A. Advisor's name: _____ Signature _____ Date: _____

B. Undergraduate Studies Coordinator / Vice Dean for Teaching (for teaching assistants):
Signature _____ Date: _____

C. 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 _____

D. Head of the Academic Unit's Graduate Studies Committee: Signature _____ Date: _____

Dean of the Graduate School: Signature _____ Date: _____

(For scholarship office use)

Comments: