



Visiting Student Research Program (VSRP) Application

Student Information

Name		Date of Birth	
Email		Skype Name (if any)	
Gender		Residing in (Country)	
Nationality		Passport/Saudi ID/Iqama No.	
Mobile Number		Home Number	

Research Program Applying For

Research Title	
Research Code	

Current/Previous Institution(s) & Degree(s)

University 1 Name				Degree				
Country				Major				
Dates Attended	From:		To:		cGPA		Out of	
Actual/Expected Graduation Date:				cGPA 4.0 Scale				
Is English the language of instruction	<input type="checkbox"/> Yes <input type="checkbox"/> No							

University 2 Name (if any)				Degree				
Country				Major				
Dates Attended	From:		To:		cGPA		Out of	
Actual/Expected Graduation Date:				cGPA 4.0 Scale				
Is English the language of instruction	<input type="checkbox"/> Yes <input type="checkbox"/> No							



Research, Posters & Publications (if any)					
Document Type		Date		Status	
Collection		Name of Document			
Document Type		Date		Status	
Collection		Name of Document			
Recommendation Provider Details					
Name		Email			
Mobile Phone		Office Phone			
Employer		Country			
Title		Relationship to Applicant			
Required Documents					
<ul style="list-style-type: none"> • Academic Transcript(s) • Statement of Purpose SOP • Resume/CV • Recommendation Letter • Image of Passport/Saudi ID/Iqama No. • Copy of International Health Care Coverage <i>(if applicable)</i> 					
Emergency Details (two contacts)					
Contact 1 Name: (first, middle, last)		Relationship to Student:		Email:	
Mobile Number (country code + area code + number)		Other Number (country code + area code + number)			
Contact 2 Name: (first, middle, last)		Relationship to Student:		Email:	
Mobile Number (country code + area code + number)		Other Number (country code + area code + number)			



Student Home Address

Address Line 1		City/Town	
Address Line 2		Zip (postal) Code	
Address Line 3		Country	

Digital Signature

I certify that the information supplied by me on this form is true and correct to the best of my knowledge.

Digital Signature/Full Name:

Date:

Please email completed Application to vsrp@kaust.edu.sa