



Visiting Student Research Program (VSRP) Application

Student Information for Visa Application			
Full Name (as in Passport)		Skype Name (required for interview)	
Primary Email		Date of Birth	
Secondary Email		Passport Issue Date	
Passport/ Saudi ID/Iqama No		Passport Expiry Date	
Country of Citizenship		Country of Residence	
City of Residence		City of Departure	
Mobile Number		Home Number	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Religion (for visa application only)	<input type="checkbox"/> Muslim <input type="checkbox"/> Non-Muslim
Research Program Applying For			
Research Project Title			
Research Faculty Name			
Requested Arrival Date		Requested Departure Date	
Current University and Degree			
Current University Name		Degree	<input type="checkbox"/> Masters <input type="checkbox"/> Bachelor
Country		Major	
Dates Attended	to	cGPA (use university grade scheme)	out of
Actual/Expected Graduation Date		Is English the language of instruction	<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous University and Degree			
Previous University Name		Degree	<input type="checkbox"/> Master <input type="checkbox"/> Bachelor
Country		Major	
Dates Attended	to	cGPA (use university grade scheme)	out of
Actual Graduation Date		Was English the language of instruction	<input type="checkbox"/> Yes <input type="checkbox"/> No



Recommendation Provider Details			
Full Name		Email	
Mobile Phone		Office Phone	
Employer		Country	
Title		Relationship to Applicant	
Emergency Details (two contacts)			
Contact 1 Name: (first, middle, last)		Relationship to Student	Email
Mobile Number (country code + area code + number)		Home Number (country code + area code + number)	
Contact 2 Name: (first, middle, last)		Relationship to Student	Email
Mobile Number (country code + area code + number)		Home Number (country code + area code + number)	
Student Permanent Mailing Address			
Address Line 1		City/Town	
Address Line 2		ZIP (postal) Code	
Address Line 3		Country	
Signature			
I certify that the information supplied by me on this form is true and correct to the best of my knowledge.			
Signature/Full Name:		Date: Click here to enter a date.	

For further enquiries please contact us at vsrpinfo@kaust.edu.sa.