



## Application for International Students

### **Section A: Enrollment**

Applying for:

- Spring Semester (January) 2012/2013 school year
- Summer Semester (May) 2012/2013 school year
- Fall Semester (August) 2012/2013 school year

Seeking Degree:  Bachelor  Master's  Doctorate  Medical Fellowship  English Only

Proposed Major:

### **Section B: Personal Information**

Please write your name as it appears in your passport.

Family Name:

First Name(s):

Middle Name:

E-mail Address:

Date of Birth: Day:            Month:            Year:

Gender: Male:            Female:

Place of Birth: City:            Country:

Country of Citizenship:

Passport No.:            Issuing date (month/date/year):            Expiration Date (month/date/year):

### **Section C: Student's Home Country Address** Please note we cannot ship to a PO Box address

Street Address:

City:

Province/Country:

Postal Code:

Telephone:

Email:

**Section D: Mailing Address:** Your acceptance package will be mailed to this address.  
**(Please complete if different from your Home address listed above)**

Street address:

City:

Province/Country:

Postal Code:

Telephone:

Email:

**Section E: Dependent information**

If you intend to bring dependent(s) with you, please provide a copy of each dependent’s passport as well as the following information for each dependent:

	Last Name	First Name	Middle Name/Middle Initial	Date of Birth DD-MM-YY	Country and City of Birth	Country of Citizenship	Gender M/F
Spouse							
Child							
Child							
Child							
Child							
Child							

**Section F: Educational Background**

Master’s Major if applicable: **GPA:** ( / ) (for example 4.0/5)

Undergraduate Major: **GPA:** ( / ) (for example 4.0/5)

Associate’s Major if applicable: **GPA:** ( / ) (for example 4.0/5)

High School **GPA:** ( / ) (for example 90/100)

List the most recent high schools, and/or all colleges and universities you have attended:

Name of School or Institution	City/State/Country	Date Attended			Graduation date	Major and Degree
		Mo. Yr.		Mo. Yr.		
			To			
			To			
			To			
			To			

**If you have taken any of the following tests, please report score and test date.**

TOEFL:                      Score:                      Date:  
 GRE:                        Score:                      Date:  
 GMAT:                      Score:                      Date:

(Include copies of test score reports, if available).

**Section G: Career Experiences**

List your previous work experience or past short courses and training programs attended in the past:

Company OR Institution	Job Title OR Short Course Name	City/State/Country	Date Attended		
			Mo. Yr.	To	Mo. Yr.
				To	
				To	
				To	
				To	

**Section H: Recommendations**

List of recommenders

Name	Institution
1.	
2.	
3.	

Do you give permission to our staff to view your letters of recommendation? Please check below:

- I give permission to view my letters of recommendation.
- I do not give my permission to view my letters of recommendation.

**Section I: Emergency Contact**

In the case of an emergency, whom should we contact?

Name:

Relationship:              Phone:

Email:

**Section J: Student Visa**

- What type of Visa are you currently holding? Please include a photocopy of any Visa you are currently holding
  - None
  - Student (F-1)    Exchange (J-1)    Visitor (B-1/B-2)    Other:
  
- Which Country do you currently live in?
  - Saudi Arabia
  - Other (please specify):

**Section K: Living Arrangements**

I need housing arrangement for:

Dormitory

Home Stay Family

Private Apartment

I need arrangement for airport pickup.

**Section L: Authorization Statement**

I hereby certify that all the information contained in this application is true and correct. I understand that Saudi Arabian Ministry of Higher Education is relying on this certification to arrange my placement in an institution of higher education. I hereby authorize the Ministry or any organization duly appointed by the Ministry to complete, sign and submit, on my behalf, any and all documents and forms required to obtain acceptance to an institution of higher education and to receive direct notification of the results of said application. I also authorize the Ministry or its affiliated organization to determine the location of my English program.

***Please provide your original signature below. Please note typed signatures are not valid.***

Signature of Applicant

Day / Month / Year