

Kingdom of Saudi Arabia

Ministry of Education

King Faisal University

Deanship of Graduate Studies



المملكة العربية السعودية

وزارة التعليم

جامعة الملك فيصل

عمادة الدراسات العليا

Postgraduate Student Personal Information Form

Full Name (in Arabic):

Name (in English):

Academic ID:

Date of Birth:

Place of Birth:

ID Number:

Date:

Name of University/ Institute that he/she graduated from:

College Name: Period: Scientific Degree:

Major: Accumulative Average/ Grade:

Employment Status:

☐

Employed

☐

Not employed

Current Workplace: Position:

Admission Type:

For Saudis:

☐

Full Time

☐

Part Time

For Non-Saudis:

☐

Grant

☐

Admission without a grant

Admission Date: -----

Title:

Phone Number:

Name: ----- Signature: -----