



**KFU**

جامعة الملك فيصل  
KING FAISAL UNIVERSITY  
جامعة ووطن.. نماء.. واستدامة..

## Application for Visiting Professor

## Forms

**Form (1): Visiting Professor Application**

**Form (2): Application Review Form**

**Form (3): General Assessment Form for Visiting Professor Program**

**Form (4): Visiting Professor Assessment Form**

**Form (5): Visit Assessment Form**

## Form ( 1 ) Visiting Professor Application :

(To be filled by the Requesting Entity)

### Requesting Party's Data

☐ College

☐ Research Center

☐ Supporting Deanship

Name of the entity : .....

Department / Section / Unit : .....

Duration of visit: .....

The proposed period of the visit From : .....to.....

### Visiting Professor's Personal Data

❖ To be filled according to the passport

First Name	Second Name	Third Name	Last Name

Sex: ☐ Male

☐ Female

Age: .....

Date of Birth: .....

Nationality: ..... Religion: .....

Place of Residency: ..... Marital Status : .....

E-mail : .....

Current Employer (if any) : .....

### Visiting Professor's Academic Credentials

Academic Rank: ☐ Professor ☐ Associate Professor

☐ Assistant Professor

General Specialization : .....

Sub-specialization : .....

### Visit Purpose

☐ Scientific Research

☐ Teaching

☐ Scientific Counselling

☐ Training

Other (specify) : .....



### Visit Goals and Tasks

1. ....
2. ....
3. ....
4. Other (the goals and additional tasks of the visit must be attached in detail)

### Excellence points for visiting professor

☒ Scientific Research      ☐ Books & Articles      ☐ Awards      ☐ Patents

- ☐ Others (specify) : .....
1. ....
  2. ....
  3. ....
  4. ....

### Previous Visiting to KFU

Has the visiting professor ever visited King Faisal University before?

☐ No ☐ Yes, If yes, please fill out the following accordingly :

N	Visit date	Visit period	College/ Research Center/ Supporting Deanship	Visit Purpose
1				
2				
3				
4				

### Expected Outcomes of Visit

1. ....
2. ....
3. ....
4. ....

#### Recommendation of College Council

☐ Approved ☐ Not Approved  
Session number : ..... Dated : .....  
  
Signature by College Dean: .....  
Date: .....

#### Recommendation of Department Council

☐ Approved ☐ Not Approved  
Session number : ..... Dated : .....  
  
Signature by Department Head: .....  
Date: .....

### Documents to be attached to the form:

- ☐ A recent photo of the visiting professor
- ☐ A copy of the academic qualifications of the visiting professor.
- ☐ A copy of the detailed program of the visit
- ☐ A record of the visiting professor's previous visits to the university
- ☐ A copy of the initial approval of the visiting professor to the visit
- ☐ A copy of the visiting professor's acknowledgement that he has carefully read and consented to the regulations of the visiting professor program at KFU.
- ☐ A copy of the visiting professor's passport
- ☐ A copy of the curriculum vitae of the visiting professor
- ☐ A copy of the detailed tasks assigned to the visiting professor
- ☐ A record of the visiting professor's previous visits to the Kingdom
- ☐ A copy of the initial approval of the visiting professor's employer

## Form ( 2 ) Visiting Professor Application Review Form :

(To be filled out by the Department of International Cooperation and Partnerships )

### Host Party Information

☐ College

☐ Research Center

☐ Supporting Deanship

Name of the entity: .....

Department / Section / Unit: .....

Duration of visit: .....

The proposed period of the visit: From ..... To .....

### Visiting Professor's Personal Information

First Name	Second Name	Third Name	Last Name

Sex: ☐ Male ☐ Female Age: ..... Date of Birth: .....

Nationality: ..... Religion: .....

Place of Residency: ..... Marital Status : .....

E-mail : .....

Current Employer (if any) : .....

### The Department of International Cooperation and Partnerships Opinion

The visit request was presented to the visiting professor program committee at the university in its session No. (.....) Dated .....

☐ unanimous approval

☐ majority approval

☐ unanimous disapproval

☐ majority disapproval

The signature of the General Supervisor of the Department of International Cooperation and Partnerships: ..... Date : .....

### Approval by the University President

☐ Approved

☐ Disapproved

Signature of the University President ..... Date.....

### Additional directives from the university president

.....  
.....  
.....



## Form ( 3 ) General Assessment Form for Visiting Professor Program :

(To be filled out by the visiting professor)

### General Information

First Name	Second Name	Third Name	Last Name

Name of the entity: .....

Department / Section / Unit: .....Duration of visit: .....

The proposed period of the visit: From ..... To .....

To His Excellency the Visiting Professor: Thank you for your cooperation in evaluating the visit for the Visiting Professor Program by responding to the following questionnaire:

### Questionnaire

Standard	Excellent	Very Good	Good	Acceptable	Notice
The level of the reception service from and to the airport					
Service level of furnished accommodation					
The level of transportation service from housing to the university					
Meals and catering service level					
Adequate office/laboratory service level					
IT service level					
The level of the electronic services directory at the university					
Central Library Service Level					
Research laboratory level					
database level					
University facilities level					
Transportation service level for supporting services					
Health care level					
The level of contractual aspects and various administrative procedures					
The level of internal and external follow-up services					
The level of equipment and materials provided to support the visit goals					
The level of communication of the implementing entity of the visit program					
The level of the activities of the visit program and it's plans					
The level of student participation in the program's activities					
The level of achieving the goals of the visit program from your point of view					

Points of Strength	Improvement Opportunities
.....	.....
.....	.....
.....	.....

## Form ( 4 ) Visiting Professor Assessment Form :

(To be filled out by the students/others in the host college/department )

### Visiting Professor Basic Data

First Name	Second Name	Third Name	Last Name

Name of the entity: .....

Department / Section / Unit: .....

Duration of visit: .....

The proposed period of the visit: From ..... To .....

**Dear students: We kindly request you to fill out the following questionnaire about the visiting professor, whose data is mentioned above.**

### Questionnaire

N	Statement	Agree	Neutral	Disagree
1	The visiting professor presents a modern scientific material			
2	The visiting professor closely monitors students' progress			
3	The visiting professor uses teaching methods that stimulate thinking and curiosity			
4	The visiting professor enriches the students' experiences through his scientific and personal experiences			
5	The visiting professor respects and appreciates students' ideas and suggestions			
6	The visiting professor presents the scientific material in the lectures in a clear, coherent and organized manner			
7	The visiting professor uses clear and understandable language			
8	The visiting professor instills positive attitudes, habits and ethics in the students.			
9	The visiting professor shows interest in the extent of students' learning and acquisition of scientific knowledge			
10	The visiting professor motivates students to think creatively			
11	The visiting professor provides feedback to students to improve their learning			
12	The visiting professor motivates students to consult various references.			

- The visiting professor will be evaluated by university students through the (Measurement and Evaluation Center) according to the university's system .



## Form ( 5 ) Visit Assessment Form :

(To be filled out by the host college/department)  
(This form is used in case the visit is for the purpose of scientific research)

### Basic Information

First Name	Second Name	Third Name	Last Name

Name of the entity: .....

Department / Section / Unit: .....

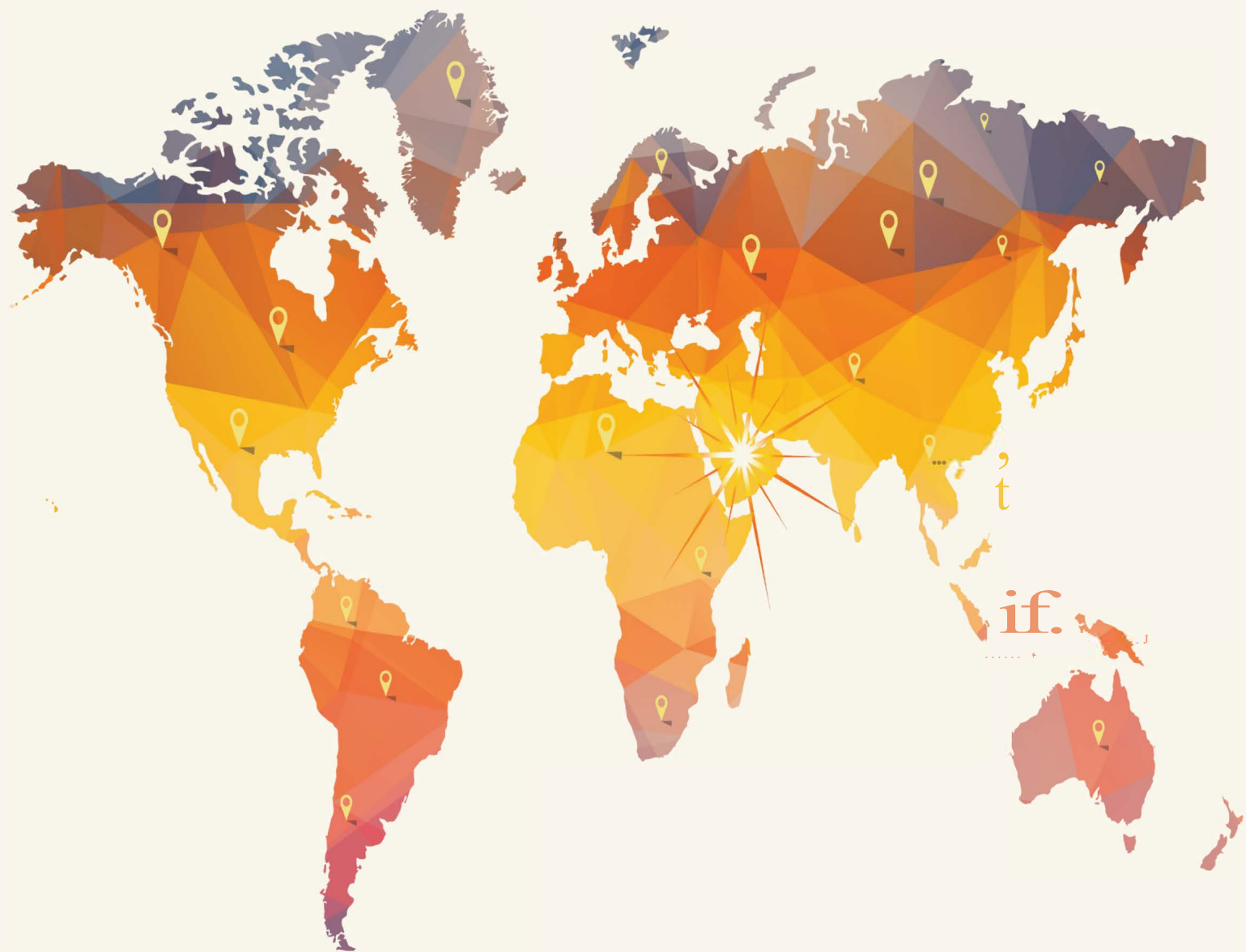
Duration of visit: .....

The proposed period of the visit: From ..... To .....

### Questionnaire

N	Statement	Excellent	V. Good	Good	Weak
1	The overall results of the visit are compatible with what was planned				
2	The entity benefitted from exchanging experiences with the visiting professor				
3	Postgraduate students benefitted from the experiences of the visiting professor				
4	Visiting professor cooperated with the employees and staff				
5	The originality of the research topics presented by the visiting professor				
6	Good quality of the scientific meetings presented by the visiting professor				
7	The novelty of scientific knowledge presented by the visiting professor				
8	Research topics related to the entity's plan				

- Attach a copy of the detailed reports on the visit and the visiting professor (after the visit) according to the applicable laws and regulations.



if.



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