



ADMISSION APPLICATION FORM – SUSTAINABLE ENERGY PROGRAM

PERSONAL DETAILS	NAME:								
	First			Middle			Last		
	PRESENT SPECIALIZATION:								
	PRESENT OCCUPATION:								
	MARITAL STATUS: <input type="checkbox"/> SINGLE			<input type="checkbox"/> MARRIED			RELIGION:		
	CHECK YEAR YOU PLAN TO START:								
	YEAR:								
	HAVE YOU PREVIOUSLY APPLIED FOR GRADUATE ADMISSION AT KFUPM: <input type="checkbox"/> NO <input type="checkbox"/> YES WHEN:								
	HOME MAILING ADDRESS:								
	P.O. Box			Street			City/Post Code		
	Country:			Phone			E-mail		
	BUSINESS MAILING ADDRESS:								
	P.O. Box			Street			City/Post Code		
	Country:			Phone			E-mail		
	NAME OF ORGANIZATION:								
DATE OF BIRTH:			PLACE OF BIRTH:			CITIZENSHIP:			
Day Month Year									
PASSPORT <input type="checkbox"/> HAFIZA NO <input type="checkbox"/>			DATE OF ISSUE:			PLACE OF ISSUE:			
IF ALREADY IN SAUDI ARABIA, PLEASE SPECIFY TYPE OF VISA:					EXPIRES ON				
NAME OF SPONSOR:									
ADDRESS:						PHONE:			
DATE OF ENTRY INTO SAUDI ARABIA:									
List chronologically each college/institute attended, including evening and extension work. (If more space is needed, please attach an additional page)									
EDUCATION	Name of institution	City/Country	Attendance Dates		Graduation				
			From	To	Date	Degree	Major	Class/Grade/G.P.A.	Rank In Class

TOEFL/GMAT	If available, please indicate scores and registration number:					
	TOFEL:	TWE			Registration No.	
			Fluent	Good	Fair	Poor
	COMMAND OF ENGLISH	Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

EMPLOYMENT	List all periods of employment in chronological order:			
	Period	Name of Organization	Address	Job Title

HEALTH	HAVE YOU EVER HAD ANY SERIOUS ILLNESS? <input type="checkbox"/> No <input type="checkbox"/> Yes
	GIVE DETAILS OF ANY HEALTH PROBLEMS OR PHYSICAL DISABILITIES:

GENERAL	Please specify any academic honors, distinctions, scholarships, etc. you have earned and membership of professional bodies or societies/affiliation. (If more space is needed, please attach an additional page):
	Outside Activities (Briefly describe non-work activities, such as organizational or board memberships and volunteer activities):

REFERENCES	List names, titles, and address of three referees and request them to forward their recommendations to the EE Department. One letter should be from your academic college/university and should be from your immediate supervisor in the industry.		
	Name	Title	Address
	1.		
	2.		
	3.		

Are you on a scholarship? No Yes If yes, please write the name and address of your sponsor who will pay tuition fees and other expenses:

• **SPONSORING ORGANIZATION'S AGREEMENT:**

If this applicant is accepted into the KFUPM MEG SEN Program, our organization will keep the participant's travel time to a minimum, completely release him from all job responsibilities on all class days and pay the fee of the program. We understand that the fees are payable in advance at the beginning of the program.

Name of sponsor:

Title:

Phone:

Address:

Signature of authorized organization representative and official stamp

Date:

- **The Sponsoring Organization's Agreement must be signed in order for the application to be considered complete.**

Professional and Personal Statement:

Please attach a statement describing your professional and personal accomplishments and why they make you an eligible candidate for the KFUPM Master of Engineering in Sustainable Energy at this point in your career. Explain how the program will help you contribute to your sponsoring organization. Your statement should be between 500 and 750 words in length.

I affirm that all information on this application is complete and accurate. If admitted to the MEG SEN Program, I agree to abide by the integrity code and all regulations concerning the program established by the College of Engineering Sciences and KFUPM.

Signature:

Date:

IMPORTANT NOTE:

- (I). If more space is needed in any field, please attach an additional page/pages.
- (II). The completed application form and mandatory documents (as a single pdf file) should be mailed to:

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Fax: 013-860-3535
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