

| PERSONAL DETAILS   | NAME:.....<br><div style="display: flex; justify-content: space-around; width: 100%;"> <span>First</span> <span>Middle</span> <span>Last</span> </div>   |              |                      |        |            |                      |                |                      |               |
|--|--|--------------|----------------------|--------|------------|----------------------|----------------|----------------------|---------------|
|  | PRESENT SPECIALIZATION: .....  |              |                      |        |            |                      |                |                      |               |
|  | PRESENT OCCUPATION: .....  |              |                      |        |            |                      |                |                      |               |
|  | MARITAL STATURS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED                    RELIGION:.....  |              |                      |        |            |                      |                |                      |               |
|  | CHECK YEAR YOU PLAN TO START:<br>YEAR: .....   |              |                      |        |            |                      |                |                      |               |
|  | HAVE YOU PREVIOUSLY APPLIED FOR GRADUATE ASMISSION 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/HAFIZA NO.....  |  |              | 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:.....                          |  |              |                      |        |            |                      |                |                      |               |
| Please attach two copies of Iqama/ Pasport/Hafiza              |  |              |                      |        |            |                      |                |                      |               |
| EDUCATION  | List chronologically each college/institute attended, including evening and extension work. Have two official transcripts of all academic work forwarded to the Deanship of Graduate Studies, King Fahd University of Petroleum & Minerals, Dhahran 31261, Saudi Arabia. (If more space is needed, please attach an additional page) |              |                      |        |            |                      |                |                      |               |
|  | Name of institution  | City/Country | Attendance Dates     |        | Graduation |                      |                |                      |               |
|  |  |              | From                 | To     | Date       | Degree               | Major          | Class/ Grade/ G.P.A. | Rank In Class |
|  |  |              |                      |        |            |                      |                |                      |               |
|  |  |              |                      |        |            |                      |                |                      |               |
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Please affix one photo here

|                          |  |                      |                          |                          |                          |
|--------------------------|--|----------------------|--------------------------|--------------------------|--------------------------|
| <b>TOEFL/GMAT SCORES</b> | If available, please indicate scores and registration number:  |                      |                          |                          |                          |
|                          | TOEFL:.....  |                      | TWE.....                 |                          | Registration No. ....    |
|                          | GMAT:.....   |                      | Registration No. ....    |                          |                          |
|                          |  | Fluent               | Good                     | Fair                     | Poor                     |
|                          | COMMAND OF ENGLISH   | Writing              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                          |  | Reading              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>EMPLOYMENT</b>        | List all periods of employment in chronological order: (A resume is to be attached)  |                      |                          |                          |                          |
|                          | Period   | Name of Organization | Address                  | Job Title                |                          |
|                          |  |                      |                          |                          |                          |
|                          |  |                      |                          |                          |                          |
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| <b>HEALTH</b>            | HAVE YOU EVER HAD ANY SERIOUS ILLNESS? <input type="checkbox"/> No <input type="checkbox"/> Yes  |                      |                          |                          |                          |
|                          | GIVE DETAILS OF ANY HEALTH PROBLEMS OR PHYSICAL DISABILITIES:.....<br>.....<br>.....   |                      |                          |                          |                          |
| <b>GENERAL</b>           | 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):<br>.....<br>.....<br>.....<br>.....            |                      |                          |                          |                          |
|                          | Outside Activities (Briefly describe non-work activities, such as organizational or board memberships and volunteer activities):<br>.....<br>.....<br>.....<br>.....   |                      |                          |                          |                          |
| <b>REFERENCES</b>        | List names, titles, and address of three referees and request them to forward their recommendations to the Deanship of Graduate Studies. One letter should be from a high ranking officer of your organization and one should be from your immediate supervisor. |                      |                          |                          |                          |
|                          | Name   | Title                | Address                  |                          |                          |
|                          | 1.   |                      |                          |                          |                          |
|                          | 2.   |                      |                          |                          |                          |
| 3.                       |  |                      |                          |                          |                          |

|                          |   |
|--------------------------|---|
| <b>FINANCIAL SUPPORT</b> | <p>Are you on a scholarship?    <input type="checkbox"/> No        <input type="checkbox"/> Yes        If yes, please write the name and address of your sponsor who will pay tuition fees and other expenses:</p> <hr/> <p>• <b>SPONSORING ORGANIZATION'S AGREEMENT:</b></p> <p><b>If this applicant is accepted into the KFUPM Executive MBA Program, our organization will keep the participant's travel time to a minimum, completely release him from all job responsibilities on a II class days and pay the fee of the program. We understand that the fees are payable in advance at the beginning of</b></p> <p>Name of sponsor: .....</p> <p>Title..... Phone .....</p> <p>Address: .....</p> <p>Signature of authorized organization representative and official stamp .....</p> <p>Date: .....</p> <p>• <b>The Sponsoring Organization's Agreement must be signed in order for the application to be considered complete.</b></p> |
| <b>STATEMENT</b>         | <p><b>Professional and Personal Statement:</b></p> <p>Please attach a statement describing your professional and personal accomplishments and why they make you an eligible candidate for the KFUPM Executive MBA Program 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.</p> <p>I affirm that all information on this application is complete and accurate. If admitted to the KFUPM Executive MBA Program, I agree to abide by the integrity code and all regulations concerning the program established by the College of Industrial Management and KFUPM.</p> <p>Signature: ..... Date: .....</p>   |
|                          | <p><b><u>IMPORTANT NOTE:</u></b></p> <p>(I). Please ensure that your application is complete in all respects and submitted at least two months before the commencement of the semester for which you applied.</p> <p>(II). If more space is needed in any field, please attach an additional page/pages.</p> <p>(III). The completed application form and supporting documents should be mailed to:</p> <p style="text-align: center;"><b>KING FAHD UNIVERSITY OF PETROLEUM &amp; MINERALS<br/>THE DEANSHIP OF GRADUATE STUDIES<br/>KFUPM BOX No. 5055<br/>DHAHRAN 31261<br/>SAUDI ARABIA</b></p>   |

**Recommendation Letter**

**TO BE COMPLETED BY APPLICANT:**

Applicant's Name .....

Applicant's Address .....

Nationality .....

**TO BE COMPLETED BY RECOMMENDER**

1. How well do you know the applicant?

Very well       Fairly well       Not very well       Not at all

2. Under what circumstances have you known the applicant?

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

3. How would you rank the candidate on the following characteristics in comparison with other students you have taught or other employees you have worked with or supervised?

|   | Excellent | Very good | Good | Average | Below Average | Unknown or not observed |
|---|-----------|-----------|------|---------|---------------|-------------------------|
| Intellectual ability  |           |           |      |         |               |                         |
| Maturity  |           |           |      |         |               |                         |
| Imagination   |           |           |      |         |               |                         |
| Initiative  |           |           |      |         |               |                         |
| Work habits   |           |           |      |         |               |                         |
| The nature and level of responsibilities held by the candidate. |           |           |      |         |               |                         |
| Communication skills  |           |           |      |         |               |                         |
| Command of the English language                                 |           |           |      |         |               |                         |
| Managerial skills   |           |           |      |         |               |                         |

4. Please add any comments which will assist us in evaluating this applicant for Graduate study. (attach an additional page, if necessary).

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

I  strongly recommend       recommend       recommend with some reservations       do not recommend

That this applicant be admitted to the Executive MBA Program at King Fahad University of Petroleum & Minerals, Dhahan Saudi Arabia.

Recommender's Signature..... Date .....

Address..... Rank .....

**RECOMMENDER PLEASE RETURN THIS FORM DIRECTLY TO:**

KING FAHD UNIVERSITY OF PETROLEUM & MINERALS  
 THE DEANSHIP OF GRADUATE STUDIES  
 KFUPM BOX No. 5055  
 DHAHRAN 31261 SAUDI ARABIA  
 e-mail: [d-cqs@kfupm.edu.sa](mailto:d-cqs@kfupm.edu.sa)

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Applicant's Address .....

Nationality .....

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 .....

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| Maturity  |           |           |      |         |               |                         |
| Imagination   |           |           |      |         |               |                         |
| Initiative  |           |           |      |         |               |                         |
| Work habits   |           |           |      |         |               |                         |
| The nature and level of responsibilities held by the candidate. |           |           |      |         |               |                         |
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| Command of the English language                                 |           |           |      |         |               |                         |
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 KFUPM BOX No. 5055  
 DHAHRAN 31261 SAUDI ARABIA  
 e-mail: [d-cgs@kfupm.edu.sa](mailto:d-cgs@kfupm.edu.sa)

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Applicant's Address .....

Nationality .....

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| Maturity  |           |           |      |         |               |                         |
| Imagination   |           |           |      |         |               |                         |
| Initiative  |           |           |      |         |               |                         |
| Work habits   |           |           |      |         |               |                         |
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| Communication skills  |           |           |      |         |               |                         |
| Command of the English language                                 |           |           |      |         |               |                         |
| Managerial skills   |           |           |      |         |               |                         |

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