



Admission Application For The Joint Master Program in Biotechnology

Admission requirement

For Formal Admission, you must provide the following documents:

- 1. A copy of Higher Education of the transcript of your B.A studies and the B.A. certificate
- 2. A copy of the transcript of Tawjihi grades
- 3. A copy of Birth certificate.
- 4. Two recommendations.
- 5. Send this completed application form and a non-refundable JD 40 application fee to the Finance Office.
- 6. One personal photo.

Personal photo

| Personal Data Please Print | |
|--|---------------------------|
| \square Mr. \square Miss. \square Mrs. | |
| Full Name as on Birth Certificate: English: | |
| Arabic: | |
| Date of Birth: | Place of Birth |
| Nationality | |
| Current Address | |
| Main Contact Number | Mobile Telephone |
| Work Telephone | E-mail address: |
| Emergency Contact: | |
| Mother Language: | |
| Other languages: Spoken | Poor Good Excellent |
| Written | Poor Good Excellent |
| Understood _ | Poor □ Good □ Excellent □ |





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| 4. | Luucauonai | Dackgroun | u |

- Please forward with your application official transcripts from all of your undergraduate studies. List, with the most recent first, all universities, and schools you have attended.

| Institution | Location | Dates Attended | Degree Conferred | Major | *Grade Point Average (%) |
|-------------|----------|-------------------|---------------------|-------|-----------------------------|
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^{*} Please write your degree using the percentage scale not the numerical or other scales.

3. Referees (Recommendation Forms)

- You are required to send in two academic references. Please give the name and contact details of your referees in case we need to contact him/her before their reference arrives. State for how long, and in what capacity, the referees have known you. If you do not have an academic referee, please submit a reference from someone (not a relative) who is familiar with your work. List below the names of two persons to whom you have given the enclosed recommendation forms:

| 1. | Name: | Tel:Fax |
|----|-------------|-----------------------|
| | Position | E-mail: |
| | Institution | Length of time known: |
| | Address: | In what capacity |
| | | |
| 2. | Name: | Tel:Fax |
| | Position | E-mail: |
| | Institution | Length of time known: |
| | Address: | In what capacity |
| | | |
| | | |

4. Current Employment Status and Previous Experience

- Are you currently an employee? No \square Yes \square_{\bullet} If the answer is Yes, please fill the following table

| Institution | Location / address | Date of employment | Main tasks |
|-------------|--------------------|--------------------|------------|
| | | | |
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-Please fill the following table regarding any experience and/or recognition you have received that might contribute to earning this Master's degree.

| Institution | Address / location | Experience gained |
|-------------|--------------------|-------------------|
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| | | |

| Choosing a Track | 5. | Cho | osing | a | Trac | k |
|------------------------------------|----|-----|-------|---|------|---|
|------------------------------------|----|-----|-------|---|------|---|

| This master program contains two main tracks, the first is in medical biotechnology and | the |
|---|-----|
| second is in plant biotechnology, in case you have received an acceptance in the progr | ram |
| which track would you choose? | |

6. Writing Sample

| Please write an account of why you are interested in pursuin | |
|--|----------------------|
| biotechnology. This essay will serve as your writing sample | |
| committee. (250 words-continue on a separate sheet if mor | e space is required) |
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7. Agreement and Signature:

| knowledge. I un | derstand that failure to a | olication is correct and complete to to answer any question on this form trule for admission to the joint master | uthfully, fully, |
|--------------------|----------------------------|---|------------------|
| Signature of App | olicant: | Date: | _ |
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| | For Of | fficial Use Only | |
| Dagommandation | of the Joint Academic | | _ |
| Recommendation | Tor the Joint Academic | Committee. | |
| Accepted | Waiting List | Not Accepted | |
| | Defic | ciency Courses | |
| | | · | - |
| | | | - |
| 3 | | | - |
| Signature/Chair of | of the Committee: | Date: | |
| | | | |