
SAUDI RESEARCH SCIENCE INSTITUTE
ENROLLMENT APPLICATION
APPLICANT AND PARENT/GUARDIAN RELEASE

APPLICANT RELEASE

I, _____ *, hereby grant permission for my name to be placed in candidacy for selection as a Saudi Research Science Institute (SRSI) Scholar. I request that all school data in support of my nomination be at the disposal of King Abdullah University of Science and Technology (KAUST).

Applicant's Signature*: _____ Date*: _____

PARENT RELEASE

I am aware that my child is an applicant for selection to the SRSI program. I agree that if my child is selected for SRSI, he/she shall reside in KAUST campus on his/her own under the supervision of SRSI team. I will encourage and support him/her to participate in SRSI and KAUST activities through undergraduate and graduate years of study.

Parents or Guardians' Signatures

Date*

Name/ then Signature*

Relationship*

Name/then Signature*

Relationship*

Both parents and/or Legal Guardians must sign

Note: fields marked with * are mandatory.