# IVSP Form (International Visiting Scholar Program)

1. Personal Information:

First Name: Family Name:

Passport No.: Place of Birth: Date of Birth:

Nationality:

Gender: 🌕Female 🌕Male

Marital Status: 🌕Single 🌕Married

1. Contact Information:

Address:

Landline:

Cell phone No.:

Email:

1. Educational Background

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| --- | --- | --- | --- | --- | --- | --- |
| Bsc/BA Degree | Major | Country | City | Name of University | Entry Date | Graduation Date |
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| --- | --- | --- | --- |
| Postgraduate | Title of the Dissertation/ Thesis | Name of Supervisor/Adviser | Graduation date |
| Msc |  |  |  |
| PhD |  |  |  |
| Post-doctoral |  |  |  |

1. Occupational Background

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Company/Institute | Department | Position | Country/ City | Date of Start | Date of Termination | Address | Phone No. |
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1. Research /Education Background

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| --- | --- | --- | --- | --- | --- | --- |
| Name of Institute | Title | Position | Date of Start | Date of Termination | Address | Phone No. |
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**In case you have companions,**

A) Personal Information:

First Name: Family Name:

Pass No.: Place of Birth: Date of Birth:

Nationality:

Gender: 🌕Female 🌕Male

B) Contact Information:

Address:

Landline: Cell phone No.: Email:

C) Relation with the applicant

D) Intended duration of stay

**Required Documents International Visiting Scholar Program Include:**

1. A completed copy of application form with an attached and uploaded photo of the applicant
2. Complete C.V (Including educational and research activities)
3. Research proposal
4. Ph.D. students are required to provide two recommendation letter indicating the capacity for conducting research from research supervisor and/ or advisor

OR

Academic staff members are required to provide the proof of affiliation/ employment from their educational center or university.

1. Photos of all passport pages for the applicant and all companions
2. Health insurance for the applicant and all companions

**Declaration**

I hereby confirm that the above information is true and in case of any discrepancy, FUM will have all the right to take any necessary action.

Applicant’s Full Name: Signature and Date: