

Master of Business Administration

Application Date: DD /MM /YYYY/

Name: _____
 First Middle Last / Family
 أسم مقدم الطلب باللغة العربية:

GENERAL INFORMATION

Birth Date: DD /MM /YYYY/ Birthplace: _____
 Gender: Male Female
 Cell Phone No. _____ Office Telephone: _____ Home No. _____
 E-mail: _____
 (Note: be informed that mail will be sent to this address)
 Permanent Address: P.O. Box _____ City _____ Postal Code _____
 Street _____ Building No. () Apartment No. _____
 District / Area: _____

CITIZENSHIP

Saudi
 Permanent resident
 Non resident
 Citizen of (Country) _____

EMERGENCY CONTACT DATA

Person to be notified: _____
 First Name Middle Last / Family
 Relationship: _____
 Address: _____
 Telephone: _____ Cell Phone: _____

ACADEMIC INFORMATION

Highest qualification:
 PhD degree Master's degree Bachelor's degree Other post secondary degree

List all Colleges / University you have attended:

University	Degree	GPA	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Indicate which semester you plan to attend: Fall of 20 Spring of 20

List the name(s) of college(s) you have attended (For Transfer Student):

Name of College	Date – Leaving Date	Major	Credit Hours	GPA
_____	_____	_____	_____	_____

Would you like to transfer your credit hours to Alfaisal? Yes No

The English test you have taken and write your score

IELTS: Date: DD /MM /YYYY/
 TOEFL: IBT Date: DD /MM /YYYY/ or PBT, Date: DD /MM /YYYY/
 Other test, please specify:, Score:, Date: DD /MM /YYYY/
 GMAT (if you taken)

