SULTAN QABOOS UNIVERSITY



COLLEGE OF NURSING

Office of Assistant Dean For Training and Community Services

**Application Form for Visiting Students**

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| **APPLICATION FORM** | | | | | | | |
| 1. Last Name: | | | | First Names: | | | |
| 2. Sex: | | | | 3. Marital Status: | | | |
| 4. Date of Birth  (Day/month/year) | 5. Place of Birth: | | | 6. Present Nationality: | | | |
| 7. Present University or Institutional affiliation: | | | | 8. Valid Email Address: | | | |
| 9. Permanent Address: | | | | 10. Present Address | | | |
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|  | | | |  | | | |
| Telephone No.: | | | | Telephone No.: | | | |
| Fax No.: | | | | Fax No.: | | | |
| 11. In case of emergency, notify: | | | | | | | |
| Name: | | | | | | | |
| Address: | | | | | | | |
|  | | | | | | | |
| Telephone No.: | | | | | | | |
| 12. Knowledge of Languages | |  | |  | |  | |
|  | | Read | | Write | | Speak | |
| Language | | Easily | Not easily | Easily | Not Easily | Easily | Not Easily |
| Arabic | |  |  |  |  |  |  |
| English | |  |  |  |  |  |  |
| French | |  |  |  |  |  |  |
| Other:  (Please specify) | |  |  |  |  |  |  |

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| 13. Higher Education (College/University) | | | | | |
| Major Subjects of Study/ Qualification | Attended from/to | | Degrees Obtained | Institution Name, Place and Country | |
|  | Mo./Year | Mo./Year | Completed/In progress |  | |
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| Current year | 1st year | 2nd year | 3rd year | 4th year | |
| If the degree is in progress, Degree expected is: | | | Expected graduations (year): | | |
| 14. Please include specific objectives of your application. (Please be very specific to be able to meet your objectives) | | | | | |
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| 15. Please describe any previous practical experience you may have had, giving full details of your duties. Use an additional sheet if necessary. (Applicable for clinical and internship training only) | | | | | |
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| 16. Period:  Please indicate your availability for the program  From: (Day/Month/Year) To: (Day/Month/Year) | | | | |
| 17. Preferred program or schedule:  Please indicate in order of preference main clinical areas/courses in which you would like to be considered for your experience with specific period in each area/courses. Please indicate days and hours you are available   |  |  |  |  | | --- | --- | --- | --- | | **Clinical Area/Course** | **Period** | **Days/Hours** | **Specific tasks or procedures to be achieved in requested area** | | 1. |  |  |  | | 2. |  |  |  | | 3. |  |  |  | | 4. |  |  |  |   Term requested (indicate with [x]):  a) Fall­­ \_\_\_ b) Winter \_\_\_\_ c) Spring \_\_\_\_ d) Summer \_\_\_\_\_    e) Audit \_\_\_\_\_ f) Credit\_\_\_\_\_  Additional considerations: | | | | |
| 18. I certify that the foregoing statement and answers are true, complete and correct to the best of my knowledge and belief.  Signature: Date: | | | | |
| 19. Statement of understanding of the conditions of the Exchange Program  I understand that, should I be accepted as visiting student in SQU-CON, the following conditions will apply:  a) Financial Support: I shall not be paid by SQU and must make my own arrangements for living expenses. Travel costs to and from the duty station and living accommodation are also my own responsibility or those of the sponsoring institution.  c) Medial Health and Life Coverage: SQU accepts no responsibility for costs or fatality arising from illness or accidents incurred during the my experience/internship; therefore, I must carry adequate and regular medical and life insurance. I will be covered by the following health and life insurance during the internship period (your application will not be processed unless you provide this information!).  Medical: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Life: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  d) Passports and Visas: I am responsible for obtaining necessary passport and visas when required.  e) Confidentiality and Publication of Information: As an intern, I will respect the confidentiality of information that I collect or am exposed to at SQU and training sites. No reports or papers may be published based on information obtained from SQU without the explicit written authorization. | | | | |
| 20. Along with this application, please submit the following materials:   1. Cover letter and resume 2. Copy of College/university transcript 3. Copy of Passport valid for at least 6 months. 4. Endorsement letter from your institution   Please send completed application materials to Office of Assistant Dean for Training and Community Service, via email at [adtcs\_nurs@squ.edu.om](mailto:adtcs_nurs@squ.edu.om).  Applications should be received AT LEAST TWO MONTHS before the proposed date of commencement of the requested internship.  Late or incomplete applications will not be considered. | | | | |

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NAME OF APPLICANT DATE