



SAA1

Sultan Qaboos University
College of Engineering

STUDENT INFORMATION SHEET

Student's ID. No. : _____

Student's Name : _____

Father's Name : _____

Grandfather's Name : _____

*Guardian's Name** : _____

Tribe's Name : _____

Date of Birth : Day ____ Month ____ Year 20__

Sex : Male _____ Female _____

Marital Status : Married _____ Single _____

Residence During Semester:

In the University : Residential Unit _____ Room# ____ Phone # _____

Res. Supervisor's Name _____ Phone # _____

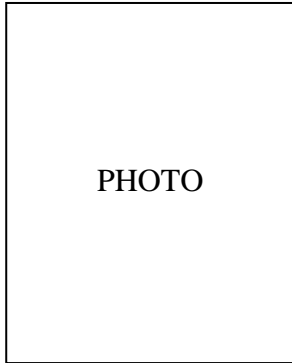
Outside the University: Address _____

_____ Postal Code ____ Phone # _____

Permanent Address : _____

_____ Postal Code _____

** If not the father*



THIS PART IS TO BE FILLED BY THE ACADEMIC ADVISOR

Current or intended Specialization (if applicable)

Department : _____

Remarks : _____
