Sultan Qaboos University

Student Exchange Regulations

**I. Incoming Students**

Applicants to Sultan Qaboos University (SQU) Exchange Student Program both at the undergraduate and postgraduate levels, must have current enrolled university status preferably from one of the affiliated universities or organizations which have an exchange agreement with SQU. Additionally, applicants must have completed at least half of their degree program requirements at their home university, with 2.7 on scale of 4.0 grade point average or equivalent.

While Exchange students must be nominated by the home university, the final decision of acceptance is made by SQU and is based on the individual assessment of each application. Internship and Training programs at SQU have different entry requirements.

The home university's International Office or its equivalent can provide more information regarding exchange opportunities. Exchange students are responsible for checking their eligibility for participation in an exchange program including language requirement as per program medium of instruction at SQU.

If accepted as an Exchange student at SQU, a few weeks after the deadline the applicant will receive the decision as a formal "Letter of Acceptance". It is very important that applicant brings it with him/her when coming to the Sultanate of Oman.
Courses for Exchange students

Exchange students may take any combination of courses, provided that they meet the prerequisite(s) specified for each course. The courses must always be approved by the home university prior to arrival. Please note that some restrictions apply to some medical programs. Please contact the Office of International Relations (OIR). Their details are at the end of the application form.

Because of limited space, exchange students are not allowed to register for summer courses, but can take the Internship and Training programs.

Application Form

The application form for Exchange students to SQU is available on-line. If applicant has been nominated by his/her university, he/she should complete the form and print it. The form should then be signed and sent to OIR.

The form includes application for on-campus accommodation, official nomination of the home university and a list of approved courses by home university. Documents to be enclosed with the application are:

- Original Transcript of academic records Upload
- 6 recent passport Photographs Upload
- Passport copy Upload
- Additional information (if required)

Application Deadlines

The deadline for a Spring Semester is the end of the second Friday in October and for a Fall Semester is the end of the second Friday in March.

For Internship and Training programs, please contact OIR, since deadlines vary. (Please note that Oman is GMT +4hrs and working days are Saturday through Wednesday)

Applications after the deadline will not be considered.
Fees

Tuition fees for registration may be waived and housing assistance may be available but will be decided on an individual basis.

Health & Insurance

Exchange students should submit proof of comprehensive insurance and medical coverage during their stay and a physical examination prior to arrival. Citizens of countries with reciprocal medical agreements are exempted from this requirement.

II. Outgoing Students

Students with a major should apply in writing to their Head of Department; others to the Assistant Dean. The approved request should be forward to the Deanship of Admission and Registration through the Dean of the College. If the request is approved then it will go to the concerned College and the Office of the International Relations (OIR).
### Section A: Personal Information

**Title:**  
Mr. □  
Ms □  
Miss □  
Mrs. □  
Other □

**Name (as on passport):**  
* Last  
* First  
* Middle

**Marital Status:**  
Married □  
Single □  
* Date of Birth (dd/mm/yy)

**Gender:**  
Male □  
Female □  
* Religion

**Passport:**  
No.  
* Place of Issue  
* Date of Expiry (dd/mm/yy)

**Nationality:**

**Languages:**  
Native □  
Other(s) □

**Contact Address:**

* House/Street or PO Box ________________________________  
  * City/Town ________________________________

* State/Area __________________________  
  * Postal Code ______________  
  * Country ________________________________

* Telephone:  
  * Country Code ______  
  * Town/Area Code ______  
  * Number

Mobile:  
* Country Code ______  
* Town/Area Code ______  
* Number

Fax:  
* Country Code ______  
* Town/Area Code ______  
* Number

* Email(s): ____________________________________________________________________

**Permanent Home Address:**

House/Street or PO Box ________________________________  
City/Town ________________________________

State/Area __________________________  
Postal Code ______________  
Country ________________________________

**Emergency Contact:**

* Name ________________________________  
  * Relationship ________________________________

* House/Street or PO Box ________________________________  
  * City/Town ________________________________

* State/Area __________________________  
  * Postal Code ______________  
  * Country ________________________________

* Telephone:  
  * Country Code ______  
  * Town/Area Code ______  
  * Number

Mobile:  
* Country Code ______  
* Town/Area Code ______  
* Number

Fax:  
* Country Code ______  
* Town/Area Code ______  
* Number

Email (s): ______________________________________________________
Section B: Academic Information

B1: Current Enrolment

*University (Home): _____________________________________________________________

*Major(s) _______ Minor/Specialization (if applicable) ____________________________

Year of Study and/or Credits Earned ___________________________ Expected Graduation Year ________

Home University Address:

*University Address: *Street or PO Box __________________ *City/Town ___________________________

*State/Area ______________ * Postal Code ______________ * Country ____________________________

Telephone: *Country Code __________ Town/Area Code __________ * Number __________________________

Mobile: Country Code __________ Town/Area Code __________ Number ____________________________

Fax: Country Code __________ Town/Area Code __________ Number ____________________________

*Email(s): ________________________________________________________________

Official University Contact (International Office or Equivalent)

*Title: ____________ * Name _________________________________ ___________________________

Street or PO Box __________________________ City/Town ____________________________

State/Area ______________ Postal Code ______________ Country __________________________

*Telephone: *Country Code __________ Town/Area Code __________ * Number __________________________

Mobile: Country Code __________ Town/Area Code __________ Number ____________________________

Fax: Country Code __________ Town/Area Code __________ Number ____________________________

*Email(s): ________________________________________________________________

Other Post-secondary/Higher Education (where appropriate)

<table>
<thead>
<tr>
<th>Institution</th>
<th>Duration</th>
<th>Qualification</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
B2: Academic Courses

*Duration of Visit: One semester in: Fall ☐ Spring ☐ One year (Fall start) ☐

*In which College/Major program do you wish to study? _________________________

*I, _____________________________(Name),* I.D.__________
wish to study the following SQU courses:

<table>
<thead>
<tr>
<th>Course Code</th>
<th>*Course Title</th>
<th>Credit Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For

Official Stamp

* I, _____________________________ (Print Name)

hereby declare that these SQU courses can be taken by the applicant.

*Position__________________________

* Signature_________________________ * Date [ ] [ ] [ ]

(dd/mm/yy)
Section C: Internship/Training

Program/College applying to: ________________________________

Intended Period:

Start of Internship/Training __________________________.

Approximate duration _____________ weeks

YOU MAY BE CONTACTED DIRECTLY BY THE COLLEGE FOR ADDITIONAL INFORMATION.

Section D: Accommodation

On Campus Accommodation

Is this required? Yes [ ] No [ ]

Please Be Aware that:

- This is only for Undergraduate students
- The rent is 315 US Dollars per month which may be subject to change.
- On arrival you have to pay a deposit equivalent to one month's rent.
- This includes:
  2. Shared bathrooms (with students of the same sex).
- Meals are complimentary.

Assistance in finding accommodation can be provided for Postgraduates. Please contact OIR

Other Accommodation

Please indicate where you expect to live during your stay in Oman______________________________
______________________________________________________________________________________
**Section E: Declaration**

I, the undersigned, declare that the information provided in my application form is accurate and complete, and my acceptance, registration and accommodation may be cancelled if this is found to be incorrect or intentionally omitted. I authorize staff of Sultan Qaboos University (SQU) to make relevant enquiries to verify my application and to provide the necessary information to partner institutions for the purpose of arranging my visit.

I also acknowledge that I will conform to SQU and societal rules and regulations.

Furthermore, I fully understand the following:

- Protection of SQU property is everyone’s responsibility. I am liable for any damage I cause to SQU property.
- I will be fully responsible for payment of the accommodation charges and utility bills whether it is arranged by SQU or by myself.
- I am aware that SQU or any of its affiliates cannot be held responsible for any accidents that may occur during working hours or in my free time.
- I am insured against illness, accidents including repatriation in case of illness, accidents or death during my stay in Oman.
- SQU may take the necessary actions including termination of my visit if I breach its regulations.

*Insurance Co. _________________________ * Receipt/Policy No __________

*Full name: ____________________________________________________________  

*Signature:_______________________________  

* Date (dd/mm/yy)