
KAUST GIFTED STUDENT PROGRAM
ENROLLMENT APPLICATION
APPLICANT AND PARENT/GUARDIAN RELEASE

APPLICANT RELEASE

I, _____ *, hereby grant permission for my name to be placed in candidacy for selection as a **KAUST Gifted Student Program (KGSP) Scholar**. I request that all school data in support of my nomination be at the disposal of King Abdullah University of Science and Technology (KAUST).

Applicant's Signature*: _____ Date*: _____

PARENT RELEASE

I am aware that my child is an applicant for selection to the KGSP program. I agree that if my child is selected for KGSP, I will encourage and support him/ her to participate in KGSP activities throughout his/her undergraduate and graduate years of study.

Father/Legal Guardian Signature*: _____ Date*: _____

Father/Legal Guardian Name*: _____
First Name Middle Name Last Name

Relationship to Applicant*: _____

Note: fields marked with * are mandatory.