

MEDICAL INFORMATION FORM

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Please share with us if you have any medical conditions, disabilities, or health-related concerns that King Abdullah University of Science and Technology (KAUST) should be aware of or that require support or accommodation during your enrollment in the KAUST Gifted Student Program (KGSP).

YES, I have a medical condition or correquires support or accommodation	ncern that KAUST should know abou	t or that
NO, I do not have any medical condit	ions or concerns	
If "YES", please contact KGSP Manager application submission to share the in	3	business days of the
Applicant Name and National ID	Applicant Signature	Date