Distinguished Student Enrichment Program Form

Second Phase

General Information

(A) Student's Information:

Name: ……………..…………………….……… **Gender**: ……………..……………………

University ID: …………………………………… **Nationality**: ………………………………….

College/Department: ………………………….… **Specialization**: …………………………...

E-mail: ……………………………………………………... **GPA**: (   )

(B) Student's Academic Advisor Information:

Name: ………………………………………………………………………………………………

College/ Department: …………………………. **Specialization**: ……………………………

Mobile Number: (   ) **Telephone Number**: (   )

E-mail: ………………………………………………………………………………………………

Distinguish Student Enrichment Program Information

This program includes a set of enrichment programs or activities that each student must accomplish at least three of them to move toward the third phase of the distinguished student program. Please select programs that are matching student's tendencies and aptitudes by putting (X) mark.

- [ ] Field Trips Program
- [ ] Individual Reading & Summarizing Program
- [ ] Local Mentoring Program
- [ ] Foreign Mentoring Program
- [ ] Practical Training Program
- [ ] Other Supporting Programs

(A) Field Trips Program:

This program contains the preparation of a number of field visits to the local public and private organizations according to student's tendencies and aptitudes.

Number	Company or Institution Name	Date	Purpose
First visit		/ /	
Second visit		/ /	
Third visit		/ /	
Fourth visit		/ /	

Program's Requirements:

1- ……………………………………………………………………………………………………
2- ……………………………………………………………………………………………………
3- ……………………………………………………………………………………………………
4- ……………………………………………………………………………………………………

Program management use:

Program's committee approval to the program

☐ Approved   ☐ Not approved

Notes: …………………………………………………………………………………………
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King Saud University

Distinguished Students Program

(B) Individual Reading & Summarizing Program

This program introduces students to books, sources and references that can enrich their specialization's knowledge and make reading favorable to them. You can also ask them to summarize some books and articles related to their specializations.

Area	Number	Suggested Name	Duration for completing
Books and references for reading			
Books and articles for summarizing			
Other areas (specify)			

Program's Requirements:

1- ………………………………………………………………………………………

2- ………………………………………………………………………………………

3- ………………………………………………………………………………………

4- ………………………………………………………………………………………

Program management use:

Program's committee approval to the program

☐ Approved   ☐ Not approved

Notes: ………………………………………………………………………………

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(C) Local Mentoring Program

This program connects students with their academic advisor (expert) for the purpose of taking expertise advantages and transfer of knowledge. The suggested timetable for the contact between students and their experts is (numbers of hours per week):

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………………………………………………………………………………………………….

Targeted tasks or skills to be learned or acquired:

1- ……………………………………………………………………………………………
2- ……………………………………………………………………………………………
3- ……………………………………………………………………………………………
4- ……………………………………………………………………………………………

Program's Requirements:

1- ……………………………………………………………………………………………
2- ……………………………………………………………………………………………
3- …………………………………………………………………………………………
4- ……………………………………………………………………………………………

Program management use:

Program' committee approval to the program

☐ Approved   ☐ Not approved

Notes: …………………………………………………………………………………………
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(D) Foreign Mentoring Program

This program involves identifying a list of reputable industrial companies, research institutes and universities as well as international laboratories to train students' program in summer semester, under specific enrollment terms. You can also take advantage from the visiting professors who enrolled in the "Visiting Professor Program" followed to the Deanship of Scientific Research.

Visiting professor's name: …………………………………. **Country**: …………………

E-mail: …………………………………………**Phone number**: ……………………

Joining Date: /   /

Targeted tasks or skills to be learned or acquired:

    1- …………………………………………………………………………………………
    2- …………………………………………………………………………………………
    3- …………………………………………………………………………………………

Program's Requirements:

    1- …………………………………………………………………………………………
    2- …………………………………………………………………………………………
    3- …………………………………………………………………………………………

Program management use:

Program's committee approval to the program

☐ Approved   ☐ Not approved

Notes: ……………………………………………………………………………………….
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(E) Practical Training Program

This program includes coordination with local institutions and companies to train students' program according to specific enrollment terms. Students must register (Field Training) course before joining this program.

Training Organization Name: …………………………………………………..

E-mail: …………………………………………**Phone number**: ……………………

Joining Date: /   /

Required Abilities, knowledge and skills

Abilities	Knowledge	Skills

Program's Requirements:

1- ……………………………………………………………………………………………
2- ……………………………………………………………………………………………
3- …………………………………………………………………………………………..
4- ……………………………………………………………………………………………

Program management use:

Program's committee approval to the program

☐ Approved   ☐ Not approved

Notes: …………………………………………………………………………………
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(F) Other Supporting Program

This includes other supporting programs that the academic advisor thinks it's necessary to the student. These programs must contain:

1-New knowledge and advanced ideas related to students' specialization.

2- High level of thinking, research, self-development and social skills.

3- Set of problems related to students' specialization, and the need to develop creative solutions to them through intensive research and investigation.

Suggested Program Name: ……………………………………………………………………….

Nature of the suggested program and its execution mechanism:

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Program's Requirements:

1- …………………………………………………………………………………………
2- …………………………………………………………………………………………
3- ………………………………………………………………………………………-
4- …………………………………………………………………………………………

Program management use:

Program' committee approval to the program

☐ Approved   ☐ Not approved

Notes: ………………………………………………………………………………………

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Student Signature	Academic Advisor Signature	Coordinator Signature
………………..	…………………………..	……………………..

Date: /   /