

STUDENT FORMS

Full Name		
ID Number		
Phone No		
E-mail		
Date of Birth (DD/MM/YYYY)		
Gender		
Address		
Nationality		
Name of present school or college		
What field of study are you studying at University?		
Which Year?		
Major		
Would you like to present your project at the poster evening? (Yes / No). If yes, Please describe your project.		
Have you got any distinction or awards during study?		
Do you have any extracurricular activities?		
What are your scientific interests?		
What career do you plan to follow when you have completed your full time education?		
What are your three principal leisure time activities?		
How can you represent the Sultanate in the forum?		
Do you have disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any medical conditions of which we should be aware?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have allergies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please detail any other information that may be		

relevant to your participation at LIYSF.	
Write 500-1000 words of why is it important for you to participate in LIYSF 2019?	

Please save and submit it to: liysf@trc.gov.om

**Only for students of Faculty Mentored Undergraduate Research Program (FURAP)*