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| Logo - Sohar University | SOHAR UNIVERSITY *Getting ready for the future* |

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| **University use only**  Application No: |

# Faculty of Computing and IT

# Master of Computer Science (MSC)

# Application Form

## Please complete legibly.

### Personal Details

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| --- |
| Name (Block Letters):    Address :        Telephone :       Mobile:  E-mail :        Gender: Male  Female  Nationality:  ID Number :       Expiry Date:        Date of Birth: |

### Sponsor Details

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sponsor: Self  Employer  Government   |  |  | | --- | --- | | Sponsor Name : |  | | Address : |  | |  |  | | Telephone : |  | |

1. **Qualifications**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Year | Grade/GPA (out of \_\_\_) | Major Subjects | University/Country |
| Bachelor’s Degree |  |  |  |  |
| Other Degree/ Qualification |  |  |  |  |

**D. Professional development/other training/courses (other than your academic courses) that you have completed and consider important (if any):**

|  |  |  |  |
| --- | --- | --- | --- |
| Number | Programme/Courses | Duration (In Months) | Institution |
|  |  |  |  |

**E. Employment History (most recent jobs)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Number | Position | Organisation | Period (in months) | | |
| From | To | Total |
|  |  |  |  |  |  |
|  |  | **Total Number of Months** | | |  |

**F. English Language Qualifications:**

|  |  |  |  |
| --- | --- | --- | --- |
| Number | Name of Qualification | Date Awarded | Level |
|  |  |  |  |

**G. Motivation: Please explain, in less than 100 words, why you want to do the MBA:**

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**H. Declaration:**

I confirm that all the information given is correct, and in signing this form I agree to abide by the regulations of the University and to pay all fees relevant to the programme, including the application fee of 50 RO. I understand that I may be required to undertake an interview, and that all applications are subject to approval by the Ministry of Higher Education.

Date:                                                                   Signature of the Applicant

**Please identify two referees, preferably one who can comment on your academic ability and another who can comment on your work**.

Referee 1 Referee 2

Name:       Name:      

Email:       Email:      

Telephone:       Telephone:        
Relationship to you:       Relationship to you:         
(eg tutor, manager, colleague…)

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| --- |
| The Completed application form should be saved and submitted to [kfarsi@su.edu.om](mailto:kfarsi@su.edu.om) OR [hhinai@su.edu.om](mailto:hhinai@su.edu.om) |

The Application Number will be assigned by the Admissions Office and an email confirming this application number will be sent to you.