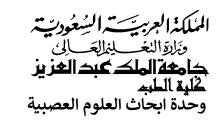
Ministry of Higher Education

# KING ABDULAZIZ UNIVERSITY Faculty of Medicine Neuroscience Research Unit



Form (4) /(4) غوذج

طلب اجراء بحث علمي لطلاب الدراسات العليا

### Request form to conduct scientific research for postgraduate students

	التاريخ	رقم الطلب			
Applicant Information	Project title				
	Student Name (English)				
	Student Name (English)				
	Degree / Faculty				
	Contact Information	Mobile:		e.mail:	
Supervisors Information		Nai	ne	College	Contact
	Supervisor				Ext: e-mail: Mobile:
	Assistant Supervisor (1)				Ext: e-mail: Mobile:
	Assistant Supervisor (2)				Ext: e-mail: Mobile:
Fund Information	Do you have fur project?	nd for your			
	Source of fund				
	Grant number				
	Total budget				
	Estimated duration				
	Proposed starting	date			

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KING ABDULAZIZ UNIVERSITY Faculty of Medicine **Neuroscience Research Unit** 



Describe the program of work (Abstract) with no more than 250 words (English)				

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Faculty of Medicine **Neuroscience Research Unit** 



Describe the program of work (Abstract) with no more than 250 words (Arabic)				

**Neuroscience Research Unit** 

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Objectives and Potential benefits: Please give a clear account of what you expect to achieve.				
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Research Design and work plan:				

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Other information:				

## Ministry of Higher Education KING ABDULAZIZ UNIVERSITY

Faculty of Medicine **Neuroscience Research Unit** 

Approval of NRU Administration					
☐ The research proposal has been approved without any modification					
☐ The research proposal has been approved after the following modification					
$\ \square$ We regret to inform you that the project cannot be done at NRU due to the					
following reason:					
<ul> <li>Fund is not available.</li> </ul>					
$\circ$ The proposal is away from the scope and objectives of NRU.					
<ul> <li>Required equipment is not available.</li> </ul>					
Other reason:					
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Head of NRU	Head of Executive Committee				