**Contract Request Form for External Advisory Committee Member**

**Name of Member:………………………………………………………………………….**

**Name of College:……………………………………………………………………………**

**Visit’s coordinator from within the program:……………………………………**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Program** | **Arabic Language:** |  | |
| **English Language:** |  | |
| **Name of Member** | **Arabic Language:** |  | |
| **English Language:** |  | |
| **Rank** | **Prof**🗆 **Associate Prof**🗆 **Assistant Prof**🗆 **Lecturer**🗆 **Bachelor**🗆 | | |
| **Categories/ Field** | **Expert** 🗆  **Governmental representative** 🗆  **Employer** 🗆 | | |
| **Institution** |  | | |
| **Fees** |  | | |
| **ID/ Passport NO** | **\*A copy of ID/ Passport to be attached.** | | |
|  | | |
| **Address** | **Country:** | | |
| **Postal Code:** | | **Postbox:** |
| **E-mail** |  | | |
| **Phone NO** |  | | |
| **Date of contracting 1 month before the meeting date** |  | | |

It should be submitted to SOACCP at least one month before the meeting date.