



جامعة الإمام عبد الرحمن بن فيصل
IMAM ABDULRAHMAN BIN FAISAL UNIVERSITY
معهد الأبحاث والاستشارات الطبية
Institute for Research and Medical Consultations

Postgraduate Student Application Form

Student Information	
Name:	Academic ID Number:
Postgraduate program:	College: Department:
Mobile Number:	E-Mail:
Project Information	
Project Title (please attach project proposal):	
IRB Number (please attach a copy of IRB approval):	
Start Date:	End Date:
Student's Supervisor:	College: Department:
Mobile Number:	E-Mail:
IRMC Lab:	IRMC Researcher Name:
Requested Research Experiments/Techniques:	
IRMC Researcher Role:	

Scan the following barcode to
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Lab Materials to be Provided by the Student:

I hereby agree to:

1. Abide by IRMC rules and regulations.
2. Provide authorship to IRMC co-researcher(s) (if any), who were involved towards carrying out the project as dictated by the authorship guidelines of scientific research.
3. Acknowledge IRMC facilities in future outcomes of the project.
4. Provide the required materials for my project (e.g., chemicals and consumables etc..).
5. Conduct research experiments (or any IRMC visits) within the official working hours.

Student Name	Signature	Date
Supervisor Name	Signature	Date
IRMC Department Chairperson Name	Signature	Date
IRMC Dean Approval	Signature	Date

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