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| --- | --- |
| SR-F004 | research assistant appointment application |

*This form is to be submitted along with the applicant’s CV transcripts, letters of prior experience, copy of ID or Passport, and university certificate.*

**applicant information**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name (as in passport – English): | | | | | **Click here to enter text.** | | | | **photo** |
| Name (as in passport – Arabic): | | | | | **Click here to enter text.** | | | |
| Nationality: | | | **Click here to enter text.** | | | | Marital status: | Single  Married |
| Degree: | **Click here to enter text.** | | | | | Major: | **Click here to enter text.** | |
| University: | | **Click here to enter text.** | | | | | | |
| Employment Status: | | | | Employed | Employer: **Click here to enter text.**  Full Time  Part Time  Unemployed | | | | |

**additional information for Student applicants**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| University: | | | **Click here to enter text.** | | | | |
| Major: | **Click here to enter text.** | | | | | Student ID: | **Click here to enter text.** |
| Scholarship: | | | No  Yes | Scholarship Provider: **Click here to enter text.**  | Scholarship Period From: **Click here to enter text.** To: **Click here to enter text.** | | | | |
| Address: | | **Click here to enter text.** | | | | | |
| Telephone: | | | **Click here to enter text.** | Email: | **Click here to enter text.** | | |

**principal investigator**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | **Click here to enter text.** | | | | | | | | | | | |
| School: | **Click here to enter text.** | | | | | | | | | | | |
| Department: | | | **Click here to enter text.** | | | | | | | | | |
| Project Title: | | | **Click here to enter text.** | | | | | | | | | |
| Project No.: | | | **Click here to enter text.** | | | | | | | | | |
| Requested Monthly Salary (not more than): | | | | | | **Click here to enter text.** | | | | | | Jordanian Dinars |
| Appointment Period: | | | | | Starting Date: | | | **Click here to enter text.** | Ending Date: | | **Click here to enter text.** | |
| Working Hours: | | | | **Hours.** | Hours | | Weekly  Monthly | | | | | |
| Signature: | |  | | | | | | | Date: |  | | |

**project office**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Fund Availability: | | | | | Available  Not Available | Available Balance: | | |  |
| Salary within Regulations: | | | | | Yes  No | | | | |
| Recommendation: | | | | | Approve  Decline | | | | |
| Notes: |  | | | | | | | | |
| Project Officer: | | |  | | | | | | |
| Signature: | |  | | | | | Date: |  | |
| Head of Project Office: | | | |  | | | | | |
| Signature: | |  | | | | | Date: |  | |

**deanship of scientific research**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Recommendation: | | Approve  Decline | | | |
| Dean of Scientific Research: | | |  | | |
| Signature: |  | | | Date: |  |