



جامعة الفيصل
Alfaisal University

كلية الصيدلة
College of Pharmacy

COP SRA 2024-2025

STUDENT RECOGNITION

AWARDS

Application Form 2024-2025

College of Pharmacy Student Recognition Awards

1. Applicant

SURNAME	<input type="text"/>	GIVEN NAME	<input type="text"/>
STUDENT ID	<input type="text"/>	EMAIL	<input type="text"/>
MOBILE	<input type="text"/>	FIRST ENROLMENT DATE	<input type="text"/>

2. Award category applied for (choose ONE or MULTIPLE)

1	COP SRA for Research Excellence	<input type="checkbox"/>
2	COP SRA for Outstanding Academic Performance	<input type="checkbox"/>
3	COP SRA for Distinguished Community Service	<input type="checkbox"/>

3. Briefly explain why you should be considered for the nominated award and what sort of impact will this have on you if your application is successful (No more than 150 words)

<input type="text"/>

APPLICATION FORM

4. Description of your achievements against the award category/categories (No more than 150 words per category)

COP SRA for Research Excellence (insert n/a if not applying for this category)

Click or tap here to enter text.

COP SRA for Outstanding Academic Performance (insert n/a if not applying for this category)

Click or tap here to enter text.

COP SRA for Distinguished Community Service (insert n/a if not applying for this category)

Click or tap here to enter text.

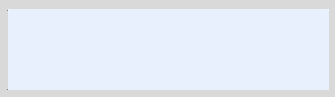
5. Nominated Referee Information

TITLE	Click or tap here to enter text.
FULL NAME	Click or tap here to enter text.
EMAIL	Click or tap here to enter text.
PHONE #	Click or tap here to enter text.
DEPARTMENT	Click or tap here to enter text.
INSTITUTIONAL ADDRESS	Click or tap here to enter text.

6. Applicant Declaration

In the completion of this application:

- I declare that the final content of this application is my own work.
- I declare that no generative AI tools were used beyond grammar checking.
- I declare that I have not plagiarized or copied any part of this application from another source.
- I understand that the use of tools to detect AI-generated text and plagiarism will be employed, and any detection will result in a deduction of points, as determined by the evaluators.
- I understand that late submissions past the closing date will not be accepted.
- I certify that the information provided in this application is accurate and truthful.

NAME	Click or tap here to enter text.	SIGNATURE	
DATE	Click or tap here to enter text.		

Note: Insert your signature as picture.

FOR OFFICE USE ONLY

1. PANEL RECOMMENDATION

APPLICATION COMPLETE		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	
DECISION		
ACCEPT <input type="checkbox"/>	REJECT <input type="checkbox"/>	
APPROVED AWARD CATEGORY (IF ANY)		
COP SRA for Research Excellence		<input type="checkbox"/>
COP SRA for Outstanding Academic Performance		<input type="checkbox"/>
COP SRA for Distinguished Community Service		<input type="checkbox"/>
COMMENTS (IF ANY)		
Click or tap here to enter text.		
PANEL MEMBER	DATE	SIGNATURE
Click or tap here to enter text.	Click or tap here to enter text.	
Click or tap here to enter text.	Click or tap here to enter text.	
Click or tap here to enter text.	Click or tap here to enter text.	

2. AWARD COORDINATOR ENDORSEMENT

NAME	Click or tap here to enter text.	SIGNATURE	
DATE	Click or tap here to enter text.		

3. COLLEGE DEAN ENDORSEMENT

NAME	Click or tap here to enter text.	SIGNATURE	
DATE	Click or tap here to enter text.		

Contact Us

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Student Award Coordinator
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