**Fostering Academic-Industry Collaborations in Food Safety and Quality**

Application of Participation

1. **Personal details**

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| Name:  |
| Gender:  |
| Academic Degree Awarded: [ ]  B.Sc. [ ]  M.Sc. [ ]  Other |
| Specialization:  |
| Date of Birth:  | Nationality: |
| Passport Number:  |
| Telephone Number:  | Email address:  |

1. **Home University Information**

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| Home University: Jordan University of Science and Technology  |
| Home Unit/Department/Office:  |
| Unit/Department/Office email Address:  |
| **Years of experience at JUST:** |

1. **What are your main concepts regarding food processing and preservation?**

 **Required Signatures**

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| **Applicant Name:**Name: *Signature:* *Date:*  |

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| **Sending Director Approval:**Approval from the Director of the Unit/Department at sending Institution:Name: *Signature and stamp: Date:*  |