**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:* |