



AMERICAN UNIVERSITY OF SHARJAH

Office of the Registrar

P.O. Box 26666, Sharjah, UAE
Phone: (971) 6 558 5555 Fax: (971) 6 515 2040
E-mail: registration@ausharjah.edu

Staple four recent photographs here

STUDY ABROAD APPLICATION

Please read the instructions before completing this form.

Students planning to study abroad at AUS must complete this form and return it to the Office of the Registrar.

- The following are to be included with the form or should be provided as soon as the student arrives at AUS:
 - Four recent passport-size photographs
 - A photocopy of the student's passport
- All documents submitted with this form are the property of AUS. Applicants, whether accepted or not, may not claim them back.
- Incomplete forms will not be considered.
- Please type or write in **BLOCK LETTERS**.

Personal Information

Full name: _____
(as per passport) *First* *Middle* *Family/Last*

Gender: Male Female **Marital status:** Single Married Divorced Widowed

Place of Birth: _____ **Date of Birth:** ____/____/____
City/State *Country* *Religion* *DD* *MM* *YYYY*

Citizenship: _____ **Date of Expiry:** ____/____/____
Nationality *Passport number* *Place of issue* *DD* *MM* *YYYY*

Residence Status: UAE Citizen GCC Citizen GCC Resident Non-Citizen
 UAE Resident Non-Citizen Other _____

Student's Contact Information

Mailing Address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Home Telephone: (MA): _____ Student's Mobile: (MB1): _____
COUNTRY CODE AREA CODE TELEPHONE COUNTRY CODE AREA CODE MOBILE

Parent's Work: (BU): _____ Parent's Mobile: (MB2): _____
COUNTRY CODE AREA CODE TELEPHONE COUNTRY CODE AREA CODE MOBILE

Fax: (FAX1) _____ Student's Personal E-mail Address (PERS): _____
COUNTRY CODE AREA CODE FAX

Contact for Study Abroad Program at Student's University

Name: _____ Mailing Address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Telephone: (OUNI) _____ Fax: (FAX2) _____
COUNTRY CODE AREA CODE TELEPHONE COUNTRY CODE AREA CODE FAX

E-mail Address: (E1) _____

Student's Emergency Contact (Parent or Guardian)

Name: _____ Mailing Address: _____
 City: _____ State/Province: _____
 Postal Code: _____ Country: _____

Telephone: _____ Fax: _____
(EM) COUNTRY CODE AREA CODE TELEPHONE **(FAX3)** COUNTRY CODE AREA CODE FAX

E-mail Address: _____
(E2)

Student's University Advisor

Name: _____ Mailing Address: _____
 City: _____ State/Province: _____
 Postal Code: _____ Country: _____

Telephone: _____ Fax: _____
(ADV1) COUNTRY CODE AREA CODE TELEPHONE **(FAX4)** COUNTRY CODE AREA CODE FAX

E-mail Address: _____
(E3)

Important Information to Prepare Before Arrival

➤ AUS Program and/or Advisor (if any): _____

➤ **Arrival information** (if available by the time this form is required to be submitted to AUS. If not, please send arrival information one week before your arrival date to registration@ausharjah.edu.)

Arrival Date: ____/____/____ Arrival Time: ____/____ a.m. /p.m.
DD MM YYYY Hour Min.

Flight Code: _____ Flight Number: _____ Airport of Arrival: _____

➤ Payment arrangement (Place a ✓ next to "I" if the institution pays or next to "S" if student pays.)

- | | | |
|-------------------------------|----------------------------|----------------------------|
| 1. Tuition | <input type="checkbox"/> I | <input type="checkbox"/> S |
| 2. Dorm/accommodation | <input type="checkbox"/> I | <input type="checkbox"/> S |
| 3. Health insurance | <input type="checkbox"/> I | <input type="checkbox"/> S |
| 4. Student activity fee | <input type="checkbox"/> I | <input type="checkbox"/> S |
| 5. Residency visa | <input type="checkbox"/> I | <input type="checkbox"/> S |
| 6. Room deposit fee | <input type="checkbox"/> I | <input type="checkbox"/> S |

➤ The following information will be provided to you by e-mail and is also available at the AUS website.

- Modes of payment: www.ausharjah.edu/admin/finance/payment_guide.php
- Room types, their rates and application forms: www.ausharjah.edu/osa/dorms/room_assig.php

I certify that answers to the forgoing items completed by me are, to the best of my knowledge, true, complete and correct. I authorize investigation of all statements contained therein. I further understand that any misrepresentation or material omission made on this form renders me liable to disciplinary action.

Applicant's Signature Date: ____/____/____
DD MM YYYY

Note: This form will be sent to the following departments: Office of the Registrar, Program/School, Finance, Public Relations and the University Health Center.
 AUS will provide official transcripts to the institution and to the student.