

Embassy of the
United Arab Emirates
Cultural Division
Washington, DC



سفارة الإمارات العربية المتحدة
الملحقية الثقافية
واشنطن دي سي

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Fax: +1 (202) 243-4422 OR (202) 243-4415

*****It is the responsibility and obligation of every UAE scholarship student to complete this Form and keep the Cultural Division informed of any changes in your status*****

UAE Cultural Division Scholarship Student Registration Form

Please complete the entire Form and attach copies of your passport and I-94. Return completed and signed Form by fax and regular mail to the address listed above

Full Name: _____

First

Middle

Last

Street: _____ Apt#: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () - Cell: () - Fax: () -

Email Address: _____

Academic Institution/UAE Scholarship Information

Institution Attending: _____ School/College: _____

Department: _____

Major: _____ Minor: _____

Term Start Date: _____ Term End Date: _____

Program: ESL ___ BA/BS ___ MA/MS ___ Ph.D. ___ Medical Res. _____

Scholarship Start Date: _____ Scholarship End Date: _____

Cultural Division Advisor Name: _____

University Advisor Name: _____

University Advisor Phone: () - Department Phone: () -

Sponsor: MOHESR ____ UAEU ____ Dubai Police ____ ADIA ____ MOPA ____
Employer in the UAE (if any): _____

Personal Data & Visa Information (Attach copies of all passport(s) & I-94 (s))

Single__ Married__ (Is your spouse with you) Yes__ No__ Passport# _____

Name of spouse: _____ Age: _____ Passport# _____

Name(s) of children: _____ Age: _____ Passport# _____

_____ Age: _____ Passport# _____

_____ Age: _____ Passport# _____

Most Recent Arrival Date: _____ Visa Expiration Date: _____

Passport Expiration Date: _____ (UAE passports valid only five years)

Bank Name: _____ Phone: () - City: _____ State: _____

Bank Account# _____ Routine Code (ABA) if Applicable# _____

Emergency Contact Information (A local contact, such as a friend or neighbor)

Name: _____ Phone: () -

Address: _____ City: _____ State: _____ Zip Code: _____

Email Address: _____

Permanent Contact Information (Parents or relative in the UAE)

Name: _____ Relationship: _____

Address in UAE: _____ City: _____

Home Phone: () - Cell: () -

Email Address: _____

I certify that the above information is complete and accurate and that I am responsible for notifying the Cultural Division of any changes to the information above within 48 hours of the changes.

Signature: _____

Date: _____