

FOR UNIVERSITY USE ONLY

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الجامعة الكندية دبي
CANADIAN UNIVERSITY OF DUBAI

CANADIAN UNIVERSITY OF DUBAI

APPLICATION FOR ACADEMIC SCHOLARSHIP

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Family Name

.....
First Name

.....
Middle Name

.....
Academic Year

.....
Term

.....
Date

**APPLICATION FOR
ACADEMIC SCHOLARSHIP**



_____New Student

_____Returning Student

Starting Term and Academic Year/.....

General Data

First Name:	Father's Name:	Last Name:
Nationality:	Male/Female:	
Date and Place of Birth:		
Contact Number(s):		
Email Address:		
GPA:		
Date of Admission:		

If you are already enrolled at CUD, indicate:	
Program:	Concentration:
ID#:	Year of Enrollment:

Signature of Candidate:
Signature of Registrar (after confirmation of data in accordance to Student file):

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.....
First Name

.....
Middle

.....
Last

.....
ID Number

Scholarship Type:

_____Excellence

_____Achievement

Scholarship Accepted

Scholarship Refused

Comments:
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The Director of Admissions

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Chair of Scholarship Committee

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CEO & Vice Chancellor