



الكلية الأوروبية الدولية
EUROPEAN INTERNATIONAL COLLEGE

ADMISSION OFFICE

APP. NO.

ID NO.

Application for Bachelor of Business Administration Admission

Please read the following before completing the Admission Application Form

- 1- European International College (EIC) admits students irrespective of their national origin, color, gender, disability or religion to programs offered by the EIC with equal rights and privileges.
- 2- All programs offered by EIC are accredited by the Ministry of Higher Education and Scientific Research (MOHESR) in the United Arab Emirates.
- 3- Applicants are admitted based on their qualifications as approved by the MOHESR.
- 4- Applicants are encouraged to apply early to EIC.
- 5- All items on this application form must be filled.
- 6- The following are to be included and submitted to the admission office with the application form:
 - Attested copies of High School’s certificate and transcripts as approved by the MOHESR;
 - Six recent photos
 - Valid copy of Applicant’s Passport and Valid Residence Visa copy (for expats only)
 - Khulasat Qaid (For UAE Nationals only)
 - UAE National ID (all nationalities)
 - TOEFL/IELTS score report (if available when applying) as approved by the MOHESR
 - A non refundable application fee of 300 UAE Dirham
 - For Transfer Applicants: an official university transcript with full course descriptions
 - Three reference letters

HOW DID YOU HEAR OF EIC? (PLEASE TICK ONE OR MORE OF THE FOLLOWING)

- EXHIBITIONS
 ADVERTISEMENTS
 FRIENDS
 FAMILY
 SCHOOL VISIT
 EIC WEBSITE
 OTHERS -----

European International College (EIC) Decision

- Approved
 Conditional Approval
 Pending Approval
 Declined

Notes & Comments

Name Signature Date

PERSONAL DATA AND GENERAL INFORMATION

Please paste
applicant's photo
here

1. **NAME:**

FIRST NAME

FATHER'S NAME

GRANDFATHER'S NAME

FAMILY NAME

2. **DATE OF BIRTH**

DAY

MONTH

YEAR

3. **PLACE OF BIRTH**

CITY

COUNTRY

4. **NATIONALITY** -----

5. **RELIGION** -----

5. **PASSPORT NO.** -----

PLACE OF ISSUE -----

EXPIRY DATE -----

6. **GENDER**

MALE

FEMALE

7. **MARITAL STATUS**

SINGLE

MARRIED

DIVORCED

WIDOWED

8. **MAILING ADDRESS**

C/O -----

P.O. BOX -----

CITY -----

COUNTRY -----

9. **TELEPHONE NO:**

HOME -----

WORK -----

MOBILE -----

EMAIL -----

EMERGENCY CONTACT NO -----

10. **APPLYING AS:**

FIRST YEAR STUDENT

TRANSFER STUDENT

VISITING STUDENT

11. **SEMESTER YOU ARE APPLYING FOR:**

FALL 20.....

SPRING 20.....

SUMMER I 20.....

SUMMER II 20.....

12. **DO YOU NEED STUDENT RESIDENCE VISA:**

Yes

No

TRANSPORTATION:

Yes

No

13. ACADEMIC HISTORY OF ALL UNIVERSITIES/COLLEGES ATTENDED

INSTITUTION'S NAME	DEGREE/DIPLOMA/CERTIFICATE AWARDED NAME	PROGRAM OF STUDY	% CGPA	DATES ATTENDED	
				FROM	TO

14. ENGLISH LANGUAGE PROFICIENCY:

TOEFL SCORE ----- IELTS SCORE ----- TOEIC SCORE -----

Date of TOEFL/IELTS/TOEIC

15. IS YOUR FATHER / MOTHER A FACULTY/ STAFF IN EIC YES NO

IF YES, PLEASE GIVE NAME ----- POSITION -----

16. HAVE YOU ANY BROTHERS, SISTERS, OR OTHER FAMILY MEMBERS ATTENDED / CURRENTLY ATTENDING EIC?

YES NO

IF YES, PLEASE LIST THEIR NAMES AND DETAILS:

NAME(S)	RELATIONSHIP	YEAR ATTENDED

17. DO YOU HAVE ANY PHYSICAL DISABILITY? YES NO

IF YES, PLEASE INDICATE TYPE OF DISABILITY: HEARING SPEECH VISION OTHERS

(PLEASE SPECIFY)

(PLEASE PROVIDE THE MOST RECENT MEDICAL REPORT OF YOUR DISABILITY CASE)

18. PROGRAM FOR WHICH YOU ARE APPLYING:

(ADMISSION IS BASED ON APPLICANTS QUALIFICATIONS AND SUBMITTED DOCUMENTS.)

FACULTY OF BUSINESS ADMINISTRATION	
BACHELOR OF BUSINESS ADMINISTRATION	
<input type="checkbox"/>	BANKING AND FINANCE
<input type="checkbox"/>	MARKETING AND SALES
<input type="checkbox"/>	HUMAN RESOURCE MANAGEMENT
<input type="checkbox"/>	HOTEL AND TOURISM MANAGEMENT
<input type="checkbox"/>	MANAGEMENT

DECLARATION:

I CERTIFY THAT STATEMENTS AND ANSWERS TO ALL ITEMS IN THIS APPLICATION ARE DONE BY ME AND TO THE BEST OF MY KNOWLEDGE ARE TRUE. I UNDERSTAND THAT I HAVE TO PROVIDE ALL SUPPORTED DOCUMENTS UPON GRANTING A CONFIRMED ADMISSION TO AHU. I WILL BE FULLY RESPONSIBLE TO READ AND UNDERSTAND EIC RULES AND REGULATIONS AND RESPECT THEM.

APPLICANT'S NAME -----

APPLICANT'S SIGNATURE -----

Date: -----

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