

INTERNATIONAL STUDENT DATA FORM

ACU SUMMER COURSES FOR CANADIAN UNIVERSITY STUDENTS

Copy and complete this form. Fax (+202 3833 4377) or scan and attach to an e-mail message to (elmazar@yahoo.com)

Biographical Information: (as it appears in your passport)

Name: _____
Given/First Middle Family/Last
Date of Birth: ____/____/____ Place of Birth: _____ Gender: Male Female
dd mm yy
Gender: Male Female
Nationality: _____
(Must match with the nationality stated on the passport you are going to use upon entering Egypt)
Second Nationality (if dual national): _____

Passport Information

Passport Number: _____ Date of Issue: ____/____/____
Expiration Date: ____/____/____ City / Country issued: ____/____
dd mm yy

Educational Information

University: _____
Faculty: _____
Level: _____
Name of courses (see courses offered): _____
Course 1: _____
Course 2: _____
Home Address: _____
Telephone: _____ Mobile: _____ Fax: _____
Please make sure to update ACU if any of your communication numbers changes
E-mail: _____

Signature of Applicant: _____ Date: ____/____/____
dd mm yy

- Information provided on this form will be treated as confidential and not for police.
- Visa: you can apply for a visit to Egypt.