



## UKCBC - DUBAI CAMPUS ENGLISH APPLICATION FORM

Insert passport  
sized photo

Please provide us your name as per passport.  
This will be used in all UKCBC documentation, including certificates,  
degrees and will be checked against your passport at registration.

### STUDENT'S PERSONAL INFORMATION:

First Name(s): \_\_\_\_\_ Surname/Family Name(s): \_\_\_\_\_  
Nationality: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Gender (Please tick):  F  M Email: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Parent email address: \_\_\_\_\_

### CURRENT ADDRESS:

Address line 1: \_\_\_\_\_ Country: \_\_\_\_\_  
Address line 2: \_\_\_\_\_ City: \_\_\_\_\_

### COURSE CHOICE:

General English Course  IELTS Preparation Course  Week days  Weekends  
 Business English

### GENERAL INFORMATION:

First/Native language: \_\_\_\_\_  
How many years have you been studying English? \_\_\_\_\_

### CURRENT LEVEL OF ENGLISH (IF KNOWN):

Beginner  Elementary  Pre-Intermediate  
 Intermediate  Upper Intermediate  Advanced

UKCBC English placement test score (if applicable): \_\_\_\_\_

## VISA QUESTIONS IF APPLICABLE:

Are you currently a resident of United Arab Emirates?

 Yes No

If yes, please fill the details below:

Emirate: \_\_\_\_\_

Name of the sponsor: \_\_\_\_\_

Visa expiry: \_\_\_\_\_

Have you been granted an UAE Tourist/Residency visa before?

 Yes No

Details: \_\_\_\_\_

Would you require visa support?

 Yes No

Are you currently on a tourist visa?

 Yes No

Entry date: \_\_\_\_\_

## EMERGENCY CONTACTS:

Full Name: \_\_\_\_\_

Gender (Please tick):

 F M

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

## OTHERS:

Do you have any medical conditions or special requirements?

 Yes No

Details: \_\_\_\_\_

Do you have any criminal convictions in any country?

 Yes No

Details: \_\_\_\_\_

Are you applying through an agent?

 Yes No

Name of the agent/agency: \_\_\_\_\_ Country: \_\_\_\_\_

Agent's stamp (If applicable): \_\_\_\_\_

## START DATE (TO BE COMPLETED BY THE COURSE ADVISOR):

Start date: \_\_\_\_\_

Course duration: \_\_\_\_\_

Class days: \_\_\_\_\_

Class timings: \_\_\_\_\_

Level: \_\_\_\_\_

## HOW DID YOU FIRST HEAR ABOUT UKCBC – DUBAI CAMPUS? PLEASE SPECIFY:

<input type="checkbox"/>	Friend/Family member	_____	<input type="checkbox"/>	Walk-in	
<input type="checkbox"/>	UKCBC social media	_____	<input type="checkbox"/>	Word of mouth	
<input type="checkbox"/>	School/Career fair	_____	<input type="checkbox"/>	Radio	
<input type="checkbox"/>	Search engine	_____	<input type="checkbox"/>	Other	_____
<input type="checkbox"/>	UKCBC website	_____	<input type="checkbox"/>	UKCBC student	_____

## DECLARATION AND AGREEMENT:

- All information and supporting documents provided in this form are true and correct.
- I will inform the University immediately if any of the information provided changes.
- I understand the structure and content of the course I am applying for.
- I have access to enough funds to meet the tuition, travel and living costs of living in Dubai (for myself and any dependents) for the duration of my studies.
- I have personally signed this form.

## I UNDERSTAND:

- UKCBC may obtain official records from any institution or organization I have claimed a previous association with for the purposes of verifying my academic or employment history.
- To be admitted to UKCBC I must meet the academic and English language requirements for my chosen course and have a valid U.A.E Residence Visa.
- I authorize UKCBC to release any personal information they may hold about me to any other educational institution which is seeking to verify my student conduct or academic record for determining my eligibility for admission or enrolment to that institution.

**I confirm I have read, understood and agree to the declaration of information above and agree to be bound by all the rules and regulations and any relevant policies of UKCBC.**

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date of Application