Thank you for choosing the University of Fujairah!

Kindly submit the accomplished application form with any of the following documents to [studentrecruitment@uof.ac.ae](mailto:studentrecruitment@uof.ac.ae)

1.       Passport Copy

2.       Emirates ID

3.       UAE visa

4.       Family Book Copy\*

5.       High School transcript

6.       UAE Equivalency Certificate

7.       Medical Fitness Certificate

\*UAE nationals

 A decision will be issued to you within 48 business hours.

شكرا لإختيارك جامعة الفجيرة!

يرجى تقديم نموذج الطلب المكتمل مع أي من المستندات التالية إلى

[studentrecruitment@uof.ac.ae](mailto:studentrecruitment@uof.ac.ae)

1. نسخة من جواز السفر

2. هوية الإمارات

3. تأشيرة الإمارات العربية المتحدة

نسخة من خلاصة القيد\* 4.

5. كشف درجات الثانوية العامة

6. شهادة معادلة من دولة الإمارات العربية المتحدة

7. شهادة اللياقة الطبية

مواطني دولة الإمارات العربية المتحدة\*

سيتم إصدار قرار لك في غضون 48 ساعة عمل



**University of Fujairah Application Form**

1. **Personal Details**

Title Choose an item.

LAST NAME As Seen on Passport.

MIDDLE NAME As Seen on Passport.

FIRST NAME As Seen on Passport.

EMAIL ADDRESS Enter email address here.

GENDER 

DATE OF BIRTH Click or tap to select a date.

NATIONALITY Choose your nationality.

EMIRATES ID Enter your Emirates ID number.

PASSPORT NUMBER Enter your Passport Number.

VISA STATUS Choose your Visa Status.

DO YOU REQUIRE STUDENT VISA? Choose your Response.

DO YOU HAVE ANY DISABILITY? Choose your Response.

*\*students are required to provide a Health Fitness Certificate issued by MOHAP*

ASSISTANCE REQUIRED Please Specify.

1. **Contact Details**

ADDRESS Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

MOBILE NUMBER Click or tap here to enter text.

HOME NUMBER Click or tap here to enter text.

1. **UAE NATIONALS**

MOTHERS NATIONALITY Choose your nationality.

AL ETHBARA NO. Click or tap here to enter text.

PLACE OF ISSUE Choose an item.

EXPIRY DATE Click or tap to select expiry date.

FAMILY BOOK NO. Click or tap here to enter text.

CITY Choose your city you live in.

1. **ACADEMIC HISTORY**

HIGH SCHOOL NAME Click or tap here to enter your high school name

CURRICULUM Choose an item.

YEAR OF GRADUATION Choose an item.

ENGLISH LANGUAGE PROFICIENCY

Score IELTS Score TOEFL Score PTE Score Others

1. **PROGRAM SELECTION**

APPLYING AS 

HAVE YOU APPLIED PREVIOUSLY? Choose your Response.

PROGRAM















SEMESTER YOU WISH TO JOIN 

1. **SUPPORTING INFORMATION**

DO YOU HAVE ANY FAMILY MEMBERS STUDYING AT UoF? Choose an item.

Full Name Relationship Program Year Attended.

Full Name Full Name Full Name Full Name

Full Name Full Name Full Name Full Name

HOW DID YOU HEAR ABOUT US?

GOOGLE  SOCIAL MEDIA  SCHOOL VISIT

EXHIBITION FAMILY/FRIEND  PRESS COVERAGE

1. **DECLARATION OF AUTHENTICITY**

I hereby declare to the best of my knowledge that the information provided in this application is accurate. I understand that successful applicants will be required to submit original documents. I understand that any false or misleading information will lead to the withdrawal/dismissal of my application.

Furthermore, I undertake to refund all the discounts/scholarships/grants awarded to me during my study of UoF, if in case I transfer to another university.

Student Signature Click or tap to enter a date.

Parents Signature Click or tap to enter a date.

*IF STUDENT IS UNDER 18 YEARS OLD*