



Summer Program Application Form

Applicant Information	
Full Name	
Nationality	
Date of Birth	Click or tap to enter a date.
Gender	Male
	Female
	<input type="checkbox"/>
	<input type="checkbox"/>
Mailing Address	
Telephone - Mobile No.	
Email Address	
Passport Number	
Passport's Expiry Date	Click or tap to enter a date.
Academic Information	
Home University	
Faculty	
Department/Major	
English Language	
Please specify your English communication skills; beginner, intermediate or advance. If you have any international English certificate, please mention it and the acquired score	
Emergency Contact Information	
Name	
Relationship to the applicant	
Phone number (Mobile)	
Email Address	
General Information and Questions	
Have you been to Egypt before?	
If the answer is yes, when?	Click or tap to enter a date.
Why do you wish to apply to this program?	
<<Please write 200 words>>	
Further information - if any (medical condition, food allergy, ... etc.)	





Declaration:

I hereby confirm that I have read the brochure, fully aware of the expenses that I must bare to participate in the summer program and all of the information I mentioned in the application form is correct. I understand that providing false information will lead to the termination of the application.

Signature:.....

Application Check List	
<input type="checkbox"/>	Application Form (E-JUST Designated)
<input type="checkbox"/>	Passport (Valid for one year)
<input type="checkbox"/>	Student ID
<input type="checkbox"/>	One Digital Personal Photograph (6*4 CM)
<input type="checkbox"/>	English Language Proficiency Certificate if available

