



جامعة خليفة
Khalifa University

Application for International Students
KU Student Exchange Program

University Name:

Current College Level: FR SO JR SR GR

All information should be spelled according to passport

Personal Information

First Name: _____

Middle Name: _____

Last Name: _____

Legal Information

Place of Birth: _____

Date of Birth: Day/Month/Year _____

Nationality: _____

Passport No: _____

Place of Issue: _____

Contact Information

P.O Box : _____

City: _____

Country: _____

Residence Telephone: _____

Mobile Phone: _____

Personal Email: _____

Legal Guardian's Name: _____

Relationship: _____

Legal Guardian's Phone: _____

Alternative phone in case of Emergency: _____

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Current Campus Information

University ID #: _____

University Email: _____

Campus Address: _____

Major: _____

Credit hours completed: _____

Anticipated Graduation: Fall 20____ Spring 20____

Cumulative GPA: _____

KU Semester Information

Have you applied to KU before? Yes. If yes, when? _____ No

Term of Study: Fall 20____ Spring 20____

Do you require housing? Yes No

How did you learn about this opportunity?

[Drop down menu- allow all that applies]

- Faculty Member
 - KU Website
 - Poster at my university
 - Fellow Student
 - Office of International Education
 - Other: Specify
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Health Information

(This information is kept confidential)

Leaving home and living in a new culture can exacerbate existing psychological difficulties or even activate new ones. If you have any physical or psychological condition that you suffer from, or have received treatment for in the past, it is important that you share that information with the student exchange office and that you meet with your physician or therapist to discuss how living abroad could affect your medical conditions. Addressing your health issues before leaving for study abroad will help you identify resources that will be helpful for you at Khalifa University.

Are you currently being treated for any medical conditions?

Yes No

Are you currently being treated for any emotional, nervous, or mental condition?

Yes No

Have you previously been treated by a psychologist or psychiatrist for any conditions?

Yes No

Are you currently taking any medications?

Yes No

Do you have any learning disability?

Yes No

If you have answered *yes* to any of the above, please include a separate page with details.

Schedule of Fees

Housing	AED 2500/Month
Meals	AED 1000/Month
Tuition*	AED 3300/ Credit Hour
Personal Expenses	AED 1000/ Month

- Tuition fees are waived if your university has a bilateral student exchange agreement with KU
- We will cover your visa, residence permit and health insurance fees
- Total fees estimated **per semester are \$19,000**. For partner university students: **\$5,000**.
- A financial support letter is requested from students who are not enrolled in partner universities. The sponsor must submit a letter stating they will be providing you with funds and show a bank statement for the past three months.

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What kind of financial support will you have to attend KU? (Supporting documents needed, such as: sponsor bank statement, letter from sponsor)

- Family: _____
 Company: _____
 Scholarship: _____

Financial support letter to be attached at the end of this application, fees are due upon arrival at Khalifa University and signing the contract.

Attachments

- KU ID FORM
 Passport Colored Copy- Photo Page
 Transcript Scanned
 Passport Photo- white Background- JPEG Format
 Financial Support
 Courses Requested
 Recommendation Letter

Acknowledgement

I certify that the information submitted is true and complete. If I am accepted by Khalifa University in Abu Dhabi. I agree to abide by the regulations and policies set forth in the *University's Undergraduate Catalog, Student Exchange Policy, Schedule of Fees* and as stated in this application and online.

I agree I disagree

Full Name: