

2017-2018



[STUDENT REGISTRATION FORM]

Please read this page before filling out the application

The Admissions Committee will compile a set of documents that will constitute an application to EMP- Faculty of Medicine. To complete the dossier, you must submit the following to the Office of Admissions & Registration at the main campus, the EMP building in front of Ain Shams General Medicine Hospital

- **Three (3) recent passport-size photographs.**
- **A photocopy of your Identity Card or Passport and proof of second nationality if applicable.**
- **A photocopy of your General Certificate of Education, or its equivalent. (expect for early admission)**
- **A photocopy of the letter of your admission to Ain Shams Faculty of Medicine. (expect for early admission)**
- **The application process is for a fee determined by the administration at time of examination to cover all admission exams fees (domestic and international)**
- **In case of early admission, you will declare that you are obliged to present all needed papers before actual admission.**

The application dossier must be submitted in full before the published deadline dates. Incomplete or incorrect applications cannot be considered by the Committee. All documents submitted to complete the application for admission are the property of the EMP and may not be reclaimed by the applicant. In case any of the above documents are not submitted, they will be considered as “pending”. Their submission is essential before the decision of the admission committee is taken.

When you have submitted the required documents listed above, the “Office of Admissions & Registration” will inform you of the required “Entrance Examinations” and of the dates and places at which they will be administered.

Your application is valid only for the academic year to which you are applying.

You will be informed of the Admission Committee’s decision on the date announced by the EMP or you may consult the EMP website.

All applications are considered by the administration without any form of discrimination and with the highest degree of transparency.

**Application for Admission To
The EMP of the Ain Shams Faculty of Medicine**

FOR OFFICIAL USE

DO NOT WRITE IN THIS BOX

Application Number

**Date Received by the Office of Admissions &
Registration**

/ /
Day Month Year

PLEASE TYPE OR PRINT BLOCK LETTERS, USING BLUE INK

I- PERSONAL INFORMATION

1- Name as on Identity Card or Passport (Your name will appear in this form on all University documents, including diplomas.)

(In English) **First Name** **Father's Name** **Grand Father Name** **Last Name**

(In Arabic) الاسم بالكامل

2- Name of the Legal guardian **Relation to the Student:¹**

(In **First Name** **Father's Name** **Grand Father Name**

Arabic)

3- Mother's Name In Full

(In English) **First Name, Father's Name, Last Name**

(In Arabic)

4- Gender

Male

Female

5- Marital Status **Single** **Married** **Separated** **Divorced** **Widowed**

6- Husband Name (for married women)

(In English) **First Name**

Father's Name

Last Name

(In Arabic) **Last Name**

Father's Name

First Name

¹ If legal guardian is not the father, attach a proof of the relationship.

7- Date and place of Birth, as on Identity Card or Passport or Birth Certificate

_____/_____/_____
Day Month Year *City* *Country*

1.d

8- Nationality, according to Identity Card or Passport

Nationality at Birth

Present Nationality

Second Nationality, if any

9- If you have a physical handicap or health condition which requires special consideration, please note:

II- Contact Information

HOME ADDRESS	MAILING ADDRESSs
<i>Building & Apt N°</i>	<i>Building & Apt N°</i>
<i>Street</i>	<i>Street</i>
<i>City</i>	<i>City</i>
<i>Country</i>	<i>Country</i>
<i>(Area Code) Telephone</i>	<i>(Area Code) Telephone</i>
<i>(Area Code) Cell Phone</i>	<i>(Area Code) Cell Phone</i>
<i>(Area Code) Fax Number</i>	<i>(Area Code) Fax Number</i>
<i>E-mail address</i>	<i>E-mail address</i>

IV- Motivation Letter.

In considering your application for admission to the EMP, the Admissions Committee will try to know as much about you as possible. Please use the space provided below to write an essay of approximately 250 words. Include hobbies and special interests you have, and explain how you became interested in EMP and why you have decided to apply to study at the medicine in this program

WRITE IN YOUR OWN HANDWRITING USING BLUE INK.

V- FINAL STATEMENT

Your signature below indicates that all the information provided in this application is true and accurate and that you agree with the following declaration:

Financial declaration

I hereby declare that I am aware that this is a paid program and that the tuition fees are subject to change according to yearly credit hours.

I am also fully aware of the rules of withdrawal from the program

I am legally responsible to provide the financial requirements at the dates requested by the EMP administration or else I agree to pay any delay penalties and acknowledge that I am aware that my results will be withheld till all financial requirements are fulfilled

أقر أنا الموقع أدناه بأنني قد أطلعت على شروط الالتحاق بالبرنامج بما في ذلك المقابل المادي للالتحاق بالبرنامج و أتعهد بسداد كافة المستحقات المالية في المواعيد المحددة من قبل إدارة البرنامج والتي تتغير طبقاً لعدد الساعات المعتمدة المدرسة كل سنة دراسية،
واقر أيضاً بعلمي التام بشروط ونظام الانسحاب من البرنامج
واقر إنني مسئول مسؤولية تامة عن توفير المطلوبات المالية المطلوبة مني في أوقاتها المحددة ، وأوافق علي اي غرامات تأخير توقع علي في حالة التأخر عن الدفع في المواعيد المحددة مع إقراري بالعلم أن نتائج الاختبارات سوف تحجب لحين دفع كافة المستحقات المالية المطلوبة مني.

Name of the Applicant (English)		Date & Signature	
Name of the Applicant (Arabic)			
Name of the Legal Guardian (English)		Date & Signature	
Name of the Legal Guardian (Arabic)			