



**ARAB REPUBLIC OF EGYPT  
MINISTRY OF HIGHER EDUCATION**

.....  
**Foreign Students Welfare Department**  
**2, Dareeh Saad St.,**  
.....

**INFORMATION ABOUT EXCHANGE SCHOLARSHIP CANDIDATE**  
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1. **Full Name (In block letters, underling the surname)**
  
2. **Address in Homeland .....**
  
3. **Date and Place of Birth.....**
  
4. **Nationality of Candidate.....**
  
5. **Social State: Single or Married.....**
  
6. **Religion.....**
  
7. **Scientific Degree, date of graduation.....**
  
8. **Previous scholarships obtained.....**
  
9. **Date and Country granting.....**
  
10. **Proposed study in Arab Republic of Egypt.....**

11. Do you want to obtain a degree in A.R.E.:.....

12. State the Degree:.....

Or,

13. Do you want to study as a listener?.....

14. Your mastery of language (Arabic, French) .....

15. Proposed date of commencement of scholarship and duration.....

16. Passport No. .... Date and Place of Issue.....

Date:.....

**Signature of Candidate**

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