



**CONTINUING
EDUCATION
CENTER**
PARIS-SORBONNE UNIVERSITY ABU DHABI

Application and Registration Form

Please complete this form and submit it to the office of Executive and Continuing Education Center,
Paris-Sorbonne University Abu Dhabi, Al Reem Island, Abu Dhabi, PO Box 38044, United Arab Emirates
or email us at cec@psuad.ac.ae

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth - Day: _____ Month: _____ Year: _____

Home Address

Number: _____

Street: _____

City: _____

Country: _____

Work Address

Number: _____

Street: _____

District: _____

City: _____

Country: _____

Mobile Phone: _____

Other Phone: _____

Email: _____

Nationality: _____

Resident of Which Country: _____

UAE Visa Status: _____

Write a small paragraph about yourself and why you wish to take this particular programme

Language Spoken

Mother Tongue: _____

Other Languages: _____

Are You a Paris-Sorbonne University Abu Dhabi Employee? Yes No

Dependent or Spouse of a Paris-Sorbonne University Abu Dhabi Employee? Yes No



EDUCATIONAL BACKGROUND

Please list high school and Higher education information in chronological order, starting with the most recent.

| School/University | City/Country | Date Attended | Subject/Major | GPA |
|-------------------|--------------|---------------|---------------|-----|
|-------------------|--------------|---------------|---------------|-----|

WORK EXPERIENCE

Please list in chronological order, starting with the most recent.

| Employer | City/Country | Position | DATES |
|----------|--------------|----------|-------|
|----------|--------------|----------|-------|

REGISTRATION

After completing the section below and sending in your form, the Registrar's Office will contact you to confirm registration. Registration comes with the financial obligation of completing the tuition payment in full 5 days before start of the first class. In case of withdrawal from the programme, a penalty of 20% of the tuition fee will apply.

| Programme Name | Start Date |
|----------------|------------|
|----------------|------------|

SIGNATURE

I agree that the information contained in this application is complete, and honestly presented as of the date I submitted it.

I acknowledge and agree that this application is for the sole use of Paris-Sorbonne University Abu Dhabi to determine my suitability for admission.

If I am accepted, I understand and acknowledge that I am subject to the academic rules and regulations of Paris-Sorbonne University Abu Dhabi.

| Signature | Date |
|-----------|------|
|-----------|------|

FOR OFFICE USE ONLY

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|-----------------------|---------------------|-------------------------|
| Application Received: | Approved: | Delivered to Registrar: |
| Email to student: | Registrar Approved: | Confirmed with Student: |