

THE EMIRATES ACADEMY OF HOSPITALITY MANAGEMENT

In academic association with Ecole hôtelière de Lausanne



APPLICATION FOR STUDY ABROAD ADMISSIONS

I. APPLICATION DETAILS

I am applying for enrolment in:		
<input type="checkbox"/> September	<input type="checkbox"/> January	<input type="checkbox"/> April
Year _____		
Internship	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Period	Before <input type="checkbox"/>	After <input type="checkbox"/> Studies

II. CURRENT ADDRESS

(The address where the correspondence for your application will be sent)

Apartment/building, Street Address and/or PO Box number
City and Postal Code
Country
Telephone Number (country code - area code - telephone)
Mobile Number
Email Address (country code - area code - telephone)

III. PERMANENT ADDRESS

Apartment/building, Street Address and/or PO Box number
City and Postal Code
Country
Telephone Number (country - area code - telephone)
Mobile Number (country - area code - telephone)

IV. ACCOMMODATION AND VISA

Do you require on-campus accommodation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently hold a UAE residence visa?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

V. PERSONAL INFORMATION

Last Name/Family Name	
First Name	
Preferred First Name	
Date of birth (day/month/year)	
Gender	Marital Status
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried
Citizenship	Country of Birth

VI. PARENT/GUARDIAN/EMPLOYER INFORMATION

Full name of your parent/guardian or employer
Apartment/building, Street Address and/or PO Box number
City and Postal Code
Country
Telephone Number (country code - area code - telephone)
Mobile Number (country code - area code - telephone)
Email

VII. RELEASE OF ACADEMIC INFORMATION

Who should receive your academic information?
<input type="checkbox"/> Self
<input type="checkbox"/> Guardian/Parents/Sponsors
<input type="checkbox"/> Employer

VIII. PREVIOUS AND CURRENT EDUCATION

Name of School/University and Department/Faculty	Qualification Obtained	Duration	

IX. LANGUAGES

What languages do you know? Please rate your fluency.

Language	Speaking	Writing
	<input type="checkbox"/> Basic <input type="checkbox"/> Proficient <input type="checkbox"/> Fluent	<input type="checkbox"/> Basic <input type="checkbox"/> Proficient <input type="checkbox"/> Fluent
	<input type="checkbox"/> Basic <input type="checkbox"/> Proficient <input type="checkbox"/> Fluent	<input type="checkbox"/> Basic <input type="checkbox"/> Proficient <input type="checkbox"/> Fluent
	<input type="checkbox"/> Basic <input type="checkbox"/> Proficient <input type="checkbox"/> Fluent	<input type="checkbox"/> Basic <input type="checkbox"/> Proficient <input type="checkbox"/> Fluent

X. WORK EXPERIENCE/EMPLOYMENT

Type of Work/Position Held	Employer	Duration (From-To)	Hours per week

XI. PERSONAL STATEMENT

Please provide us with a letter explaining your motivation for attending The Emirates Academy of Hospitality Management and pursuing a career in the hospitality industry. The letter should be between 300-500 words and typewritten.

XII. ACADEMIC OR PROFESSIONAL EVALUATION

In evaluating your application, we give considerable importance to the comments of a referee (teacher/employer) who knows you and your abilities well. Please give the enclosed Evaluation Form to your selected referee and ask him or her to fill it out and return it sealed in an envelope for confidentiality. Enclose this envelope, unopened, with your application to the Academy.

XIII. MEDICAL INFORMATION

Please complete the enclosed Medical Information Form. Disclosing a medical condition will not affect your admission to The Emirates Academy of Hospitality Management. The Emirates Academy of Hospitality Management recognizes and supports students with particular learning requirements such as dyslexia, numeracy issues, etc.

XIV. HOW DID YOU FIND OUT ABOUT US?

- An employer A school counselor/teacher The internet An article/advertisement (name of publication) _____
- An educational fair _____ An educational agent _____
- A current student of the Academy (name of the student) _____
- other (please specify) _____

XV. DECLARATION

Please note that submitting any fraudulent documents may result in adverse effect on your application up to and including dismissal from the Academy.

I hereby certify that all the information I have provided is correct and true.

Signature	Date
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CHECKLIST

The following is a checklist of all the documents required for submitting your application:

- A completed application form
- Official transcripts – from current university
- An evaluation/reference form completed by one of your teachers or employers.
- A completed medical information form
- Your personal statement
- Copy of academic awards and honours (if available)
- Copy of employment certificate (if available)
- Coloured passport copy (including valid residence visa page, if available)
- One coloured passport type photo in JPEG format (or six printed photos)
- Confirmation of the USD 500 application fee payment

Bank transfer details:

Bank Name: Emirates Bank NBD P.O. Box 2923, Dubai
 Account Name: The Emirates Academy of Hospitality Management
 Account Number: IO1105588801
 IBAN: AE35 0260 0010 1105 5888 801
 Swift Code: EBILAEAD

Please ensure that the transfer instructions include your full name and intake date (e.g. September 2012). Please contact us at info@emiratesacademy.edu for alternative modes of payment.