THE EMIRATES ACADEMY
OF HOSPITALITY MANAGEMENT
In academic association with Ecole hôtelière de Lausanne

TOEFL Examination
Registration Form

Please write in Block Capital Letters

Student No. _____ **Last Name** _____ **First Name** _____

Programme of Study: _____

Intake: ☐ September ☐ January ☐ April **20**____

Exam Date (dd/mm/yyyy): _____

Student's Signature: _____ **Date:** _____

Approved by:

Registrar's Signature: _____ **Date:** _____

FOR ACCOUNTS DEPARTMENT USE ONLY:

REGISTRATION FEE: _____

PAYMENT RECEIVED ON: _____

PAYMENT RECEIVED BY: _____

COMMENTS: _____

This form must be submitted to the Academic Administration & Registry Office together with a clear copy of your valid passport.

For Academic Administration & Registry Use Only:

Copies to: Student File: _____

Accounts: _____