ARAB REPUBLIC OF EGYPT  
MINISTRY OF HIGHER EDUCATION  
FOREIGN STUDENTS WELFARE DEPT.  
2, DAREEH SAAD ST.,

INFORMATION ABOUT EXCHANGE SCHOLARSHIP CANDIDATE

Full Name (In block letters, underlining the surname)

Address in Homeland

Date and Place of birth

Nationality of Candidate

Social State: Single or married.

Religion

Scientific Degree, date of graduation

Previous scholarships obtained

Date and Country granting

Proposed study in A.R. E.

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

State the Degree

Or,

Do you want to study as a listener?

Your mastery of language (Arabic, French)

Proposed date of commencement of scholarship and duration

Passport No. ___________________________ Date and place of issue

Date _________________________________

Signature of Candidate