



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

INFORMATION ABOUT EXCHANGE SCHOLARSHIP CANDIDATE

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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  
\_\_\_\_\_