

FOR UNIVERSITY USE ONLY

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CANADIAN UNIVERSITY DUBAI

APPLICATION FOR SPECIAL NEEDS SCHOLARSHIP

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Family Name

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First Name

.....
Middle Name

.....
Academic Year

.....
Term

.....
Date

APPLICATION FOR SPECIAL NEEDS SCHOLARSHIP

_____New Student

_____Returning Student

Starting Term and Academic Year/..... ..

General Data

First Name:	Father's Name:	Last Name:
Nationality:	Male/Female:	
Date and Place of Birth:		
Contact Number(s):		
Email Address:		
GPA:		
Explain special need/limitations		
A professional documented diagnosis of disability must accompany this form. Without proper documentation this application will not be considered.		
Date of Admission:		

If you are already enrolled at CUD, indicate the below information.	
Program:	Concentration:
ID#:	Year of Enrollment:

Signature of Candidate:
Signature of Registrar (after confirmation of data in accordance to Student file):



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First Name

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Middle

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Last

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ID Number

Scholarship Accepted

Scholarship Refused

Comments:

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The Director of Admissions

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Chair of Scholarship Committee

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CEO & Vice Chancellor