



## EDUCATION RESOURCES NETWORK

[www.ern-dubai.com](http://www.ern-dubai.com)

Office no 212, 2nd Floor Block 17,  
Knowledge Village  
Dubai, UAE

Cell: +971-50-9875925| Tel: +971-4-4522361

Email: [info@ern-dubai.com](mailto:info@ern-dubai.com)

### APPLICANT INFORMATION & AUTHORIZATION FORM

#### PERSONAL INFORMATION

Name:

Date of birth:

Title: Mr/Miss/Mrs.

Home Phone:

Nationality

Passport  
Number:

Marital Status:

Current address:

City:

Country:

ZIP Code:

Email:

Mobile:

#### NAME OF INSTITUTION & INTENDED COURSE

Level

Foundation

Undergraduate

Postgraduate

Destination

UK

US

AUSTRALIA

CANADA

Choices

University

Course

Proposed start date (Month/Year)

1<sup>st</sup>

2<sup>nd</sup>

3<sup>rd</sup>

4<sup>th</sup>

5<sup>th</sup>

#### EDUCATION

(Please give details of previous education including qualification obtained so far)

Name of Institution

Name of Examination

Date

Subjects

Grade

(Please give details of any qualifications you are currently studying for)

Name of Institution

Name of Examination

Expected  
completion  
Date

Subjects

Expected  
Grade

#### EMERGENCY CONTACT/GUARDIAN DETAILS

Name:

Relationship:

Email:

Phone:

Address:



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### ENGLISH LANGUAGE TEST

Please give details of any English language tests you have already taken

Test Name:	date:
Overall Score:	Individual sections:

N.B: For students studying the British curriculum, please provide your English language grade in O & A 'levels;

### REFERENCES

**N.B: If you are still at school or college or have been in full time education during the last 3 years, this should be an academic/teacher/counselor of your school/college. If you are applying for a degree or post graduate course, you should also nominate a second referee, who is someone familiar with your academic or professional work.**

Name	Designation	Organization name & address	Email	Phone

### OTHER INFORMATION

Please confirm if you have done SAT YES  NO

If yes, please provide your score:

Have you ever studied in the UK before? YES  NO

If yes, please provide details:

### DECLARATION

I authorize, Education Resources Network to,  
1) Apply on my behalf  
2) Assist me on the complete admission and visa process  
3) Correspond with Universities on my behalf  
4) To use the information I provide, for any academic program(s) at any educational institution(s) which we have mutually agreed to apply in.  
5) I also confirm that I shall pay the fee (if any) as specified by ERN.  
6) I understand that ERN will have no responsibility, financial or otherwise, for students applying to foreign institutions through this service.

Signature of applicant:	Date:
Signature of parent (only if the applicant is under 18):	Date:

### For Official Use Only

Counselor comments:

Application number:	Date received:
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