



طلب الإلتحاق ببرنامج ماجستير
Application for Admission to a Masters Program

APPLICATION REFERENCE NO.
رقم مرجع الطلب

SEMESTER	الفصل الدراسي	ACADEMIC YEAR	العام الجامعي
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Program of Study	إسم البرنامج
<input type="checkbox"/> 1. Arabic Language and Literature	<input type="checkbox"/> 1. اللغة العربية وأدابها
<input type="checkbox"/> 2. Civil Engineering	<input type="checkbox"/> 2. الهندسة المدنية
<input type="checkbox"/> 3. Communication	<input type="checkbox"/> 3. الإتصال
<input type="checkbox"/> 4. Computer Engineering	<input type="checkbox"/> 4. هندسة الحاسوب
<input type="checkbox"/> 5. Computer Science	<input type="checkbox"/> 5. علوم الحاسوب
<input type="checkbox"/> 6. Electrical and Electronics Engineering	<input type="checkbox"/> 6. الهندسة الكهربائية والإلكترونية
<input type="checkbox"/> 7. English Language (Translation)	<input type="checkbox"/> 7. اللغة الإنجليزية (الترجمة)
<input type="checkbox"/> 8. Executive MBA	<input type="checkbox"/> 8. التنفيذي في إدارة الأعمال
<input type="checkbox"/> 9. Exegesis and Hadith	<input type="checkbox"/> 9. التفسير والحديث
<input type="checkbox"/> 10. Jurisprudence (Fiqh) & its Foundations	<input type="checkbox"/> 10. الفقه وأصوله
<input type="checkbox"/> 11. History and Islamic Civilization	<input type="checkbox"/> 11. التاريخ والحضارة الإسلامية
<input type="checkbox"/> 12. Private Law	<input type="checkbox"/> 12. القانون الخاص
<input type="checkbox"/> 13. Public Law	<input type="checkbox"/> 13. القانون العام



University of Sharjah
College of Graduate
Studies & Research

Application for Admission to a Masters Program

Complete application should be returned to:
College of Graduate Studies & Research, University of Sharjah
P.O.Box: 27272 Sharjah, United Arab Emirates. Telephone: +971-6-5050091
Fax: +971-6-5050032, Email: masters@sharjah.ac.ae

Paste
A Recent
Photograph

Program Applying for: _____

Full-time Starting Semester: Fall, year _____
 Part-time Spring, year _____

I. PERSONAL DATA

Please PRINT

1. Mr. Ms. Family Name (As it appears in passport) _____ First _____ Father's Name _____

2. Mailing Address (please give complete details)

Address _____

P.O.Box _____ City/Town _____ Emirate _____ Country _____

Email Address _____ Telephone: Mobile (_____) _____

Telephone: home (_____) _____ Work: (_____) _____ Fax: (_____) _____

3. Gender: M F Date of Birth _____ Day _____ Month _____ Year _____ Place of Birth _____ City _____ Country _____

4. Nationality _____ 5. Marital Status Single Married Other

5. Proficiency in Languages

	Read			Write			Speak		
Arabic	<input type="checkbox"/> Very Well	<input type="checkbox"/> Well	<input type="checkbox"/> Fair	<input type="checkbox"/> Very Well	<input type="checkbox"/> Well	<input type="checkbox"/> Fair	<input type="checkbox"/> Very Well	<input type="checkbox"/> Well	<input type="checkbox"/> Fair
English	<input type="checkbox"/> Very Well	<input type="checkbox"/> Well	<input type="checkbox"/> Fair	<input type="checkbox"/> Very Well	<input type="checkbox"/> Well	<input type="checkbox"/> Fair	<input type="checkbox"/> Very Well	<input type="checkbox"/> Well	<input type="checkbox"/> Fair

English language proficiency test(s) taken: TOEFL Score _____ IELTS Score _____ Other (Specify) _____ Or, Will take on _____

6. Have you previously applied for admission to UOS? Yes No If yes, when? year _____ Program _____

7. If you have previously attended the University of Sharjah, indicate years attended: _____, ID Card No. _____

8. Would you like to be considered for a Teaching Assistantship: Yes No

II. ACADEMIC BACKGROUND

University / College	Location	Area of Study	Degree	GPA	Years
1.					To
2.					To
3.					To
4.					To

III. WORK EXPERIENCE

Position	Organization	Location	Years
1.			To
2.			To
3.			To
4.			To

IV. REFERENCES (Please provide details of references who are familiar with your work or who will write the letters of recommendation)

	Reference #1	Reference #2	Reference #3
Name			
Job Title			
Organization			
Mailing Address			
Telephone Numbers			
Fax Number			
E-Mail Address			

V. PERSONAL STATEMENT (Please write a statement about your expectations from joining the program. Use a separate sheet if necessary)

I DECLARE that the information I have provided in this application is a true and complete record of my personal, academic and professional background. I hereby **AUTHORISE** the University of Sharjah to make enquiries of, and to obtain official records from any organization mentioned in this application if it is necessary to complete this application. I also **ACCEPT** to comply with the University of Sharjah bylaws if admitted.

Signature:

Date:

REQUIRED DOCUMENTS (Please note that all documentation supplied will remain the property of the University of Sharjah)

- Certified copies of academic degrees
- Official copies of transcript of grades
- A photocopy of the identity card and passport

- A professional resume / CV
- Two letters of recommendation
- Proof of English language proficiency, if available or required

- Six recent passport size colored photographs
- A 200 Dhs non-refundable application fee

APPLICATION ENQUIRIES: Further enquiries can be directed to the College of Graduate Studies & Research, Telephone: + 971 6 5050091, Email: masters@sharjah.ac.ae

FOR UNIVERSITY USE ONLY

Date Received by College:

Application Reference No.

Application Fee Receipt No.

Comments:

FOR UNIVERSITY USE ONLY

Decision on Admission

Semester _____
Application Reference No: _____

1. Recommendation of the Department

- To accept for admission with no conditions
- To accept for admission with _____ foundation course(s), (____ credit hours)
- To offer the candidate a conditional acceptance subject to fulfilling the English requirements
- To refuse admission. Reasons:
- Others

Comments: _____

NAME _____ **SIGNATURE** _____ **DATE** _____

2. Recommendation of the College

NAME _____ **SIGNATURE** _____ **DATE** _____

3. Decision of the Council of Graduate Studies

NAME _____ **SIGNATURE** _____ **DATE** _____