



**Promoting Productive
Employment and Decent
Work for Women**
in Egypt, Jordan and Palestine

**تعزيز العمل الانتاجي
و العمل اللائق للمرأة
في مصر و الأردن و فلسطين**

Admission Form

Personal Information

Full Legal Name: _____
First
Middle
Last

- > Please print your name identical to your name on your birth certificate or any other official document.
- > The name you will print will appear on your Graduation certificate and transcript. NO CHANGE in the name is permitted.

Gender: Male Female Date of Birth: _____

Country of Citizenship: _____ Country of Residence: _____

National ID #: _____ Passport # for non-Egyptians: _____

Email: _____ Mobile #: _____

Educational Information

Degree (check only highest level attained): BSc/BA MSc/MA MBA PhD

Other: _____

University: _____

Graduation Grade: _____ Graduation Year: _____

Have you ever attended other executive education programs? (If yes, please specify program name, school and date).



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Professional Information

What is your business?

Current position: _____ Years of experience in current position _____

How would you describe your role in your business?

Professional Expectations (what do you expect to get out of this workshop that would help you in your current business ?)



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Workshop information

Workshop Name: _____

Date of Workshop: _____

Who will fund you program fees? _____

- Employer share:
- Participant share:

Signature: _____

Date: _____

Academic Regulations & Certification requirements

- **Certification programs comply with the following:**
A minimum grade of 80% in the exam and attendance of 80% is required.

Declaration

I the undersigned, hereby declare that all the information provided in this form, as well as all documents provided to the School of Business Executive Education, are genuine. Any false information shall render this registration void and shall expose me to legal action. I have read and accepted the regulations on the back of this form.

I agree to abide by the AUC academic integrity and professional conduct and understand that violating these rules will cause my disqualification from the program of study.

I agree to receive communication from the School of Business Executive Education to keep me abreast with its latest news, events, offerings, networking opportunities, among others.

Name: _____

Signature: _____

Date: _____