



BACHELOR OF EDUCATION (BED) APPLICATION (FULL TIME)

Have you previously applied for admission at ECAE? Yes No
If Yes, when? _____

Please ensure that you have read the attached admissions requirements sheet and application guide before you complete your application.

Documents required to complete the admission process are:

CURRENT HIGH SCHOOL GRADUATES:

- Completed application form
- Attested copy of General Secondary or High School Certificate
- Copy of enrollment verification letter - 4 years in an English medium school if curriculum is not Arabic
- Copy of a valid passport & residence visa if applicable
- One passport sized photo

NON-CURRENT HIGH SCHOOL GRADUATES:

All of the above plus:

- Copy of a valid TOEFL IBT Examinee Score Report or Academic IELTS Test Report Form
- Personal statement or employment letter
- Transcripts of any post-high school education institution attended

Paste
Your Recent
Photograph Here

ECAE ID No:

PERSONAL INFORMATION

Please write your name as it appears on your passport

Name _____
First Middle Grandfather Family

Date of Birth _____ **UAE citizen** Yes No **Nationality** _____
Day Month Year

Marital status Single Married (documentation required) **Gender** Male Female

CONTACT INFORMATION

Mailing Address C/o _____ P.O. Box _____ City _____

Mobile # 1

Mobile # 2

Home Tel

Email _____

EMERGENCY CONTACT INFORMATION

Parent Guardian Spouse **Name** _____
Gender Male Female First Middle Family

Mailing Address C/o _____ P.O. Box _____ City _____

Mobile #

Home #

Work #

Email _____

ENGLISH LANGUAGE PROFICIENCY (TOEFL IBT/ACADEMIC IELTS REQUIREMENT)

Do you fulfill the TOEFL IBT/Academic IELTS requirement? Yes No Test score report attached Yes No
 No Test date _____ TBA

LONG TERM HEALTH CONDITION

Do you have any physical disabilities? (This information is voluntary and confidential); it is requested to help the ECAE provide aid and support as much as possible to accommodate your needs) Yes No

If yes, please specify Vision Impairment Hearing Impairment Speech Impairment
 Mobility Impairment Health Impairment Learning Disability
 Other _____

If you have been diagnosed with a disability, please provide the most recent report on your case.

ACCOMMODATION

Will you need housing in order to attend ECAE? Yes No Family location _____ No

ACADEMIC INFORMATION

Are you a current High School student Yes No

If Yes, please enter your CEPA details: Username: _____ Password: _____ Score: _____

ADDITIONAL INFORMATION

Where did you learn about ECAE? Please check (✓) one or more of the following

Call Center Advertisements Exhibitions Friends
 Internet Press Coverage School visits ECAE student

FINAL CHECKLIST

Please confirm that you have:

Filled out all required sections of the application form and attached all required documents and supporting materials

I certify that the information I have provided above is true, complete and correct to the best of my knowledge. I fully realize that omission or falsification of information will be sufficient reason for rejection of this application or for dismissal from the program.

By completing this application form, I give permission to ECAE;

- to process my personal data for managing the selection and admissions procedures
- upon acceptance, to disclose my personal information, grades and attendance records to my parents and or guardian.

Signature of applicant _____ Date _____

FOR OFFICIAL USE ONLY:

Academic Year: _____

Interview Yes No Date: _____

Passed Interview Yes No ECAE Acceptance Yes No

Registrar: Name: _____ Signature: _____ Date: _____

Student Notified Yes Date: _____

Confirmed Acceptance Yes No Date: _____