



THE CLINTON SCHOLARSHIP PROGRAM

AT THE
**AMERICAN
UNIVERSITY
IN DUBAI**

AUD
AMERICAN
UNIVERSITY
IN DUBAI



MESSAGE FROM THE DIRECTOR OF ADMISSIONS



Dear Student,

We are excited that the American University in Dubai (AUD) is one of your university choices in the region. We are an institution that delivers excellence in teaching and personal and professional development, serving a diverse and global society.

AUD is internationally and locally accredited. It is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC), one of six regional accreditation organizations recognized by the United States Department of Education and the Council for Higher Education Accreditation. AUD is also recognized by the Ministry of Education - Higher Education Affairs (MOE-HEA), providing quality education and promoting continuous institutional improvement in an American educational model.

Students choosing AUD will find that it is committed to fostering intercultural understanding, demonstrated through its courses, its worldwide exchange programs and the many activities and organizations that promote appreciation for cultural diversity. AUD is located in Dubai Media City, a business hub for advertising, communication, media and marketing companies, which makes it a popular and a desirable place.

We hope this kit serves as a guide to help you with the application process. Our Admissions team understands students' educational goals and facilitates the admissions process by answering your questions, ensuring you have a smooth process, and then reviewing your application in a timely manner.

Wishing you the best,

Director of Admissions

FACTS ABOUT THE UNIVERSITY

The American University in Dubai is a private, non-sectarian institution of higher learning founded in 1995. Over one hundred nationalities are represented in the AUD student body of approximately 2,500.

AUD offers both undergraduate and graduate degrees and Certificates in Middle Eastern Studies and Professional Teaching.

AUD is American not only in name but also in substance, as it places emphasis on the *educational, professional and personal* growth of each student.

LANGUAGE OF INSTRUCTION English

AUD MASCOT



ACADEMIC YEAR

Fall Semester: September – December
Spring Semester: January – May
Summer I Session: May – June
Summer II Session: July – August

STUDENT LIFE & THE CAMPUS

There are 50 student clubs and numerous annual events including a Week of Welcome, AUD Desert Safari, International Night, Ramadan Tent, AUD Gala Dinner and Award Ceremony, Winter Ball, Thanksgiving Day and UAE National Day.

The **Student Center** houses indoor sports facilities, a barber shop, a beauty salon, a travel agency, a bank, a copy center, a bookstore, a supermarket, and a food court.

Athletic facilities include a 1,300ft track, an 82ft pool, a soccer pitch, three tennis courts, and two basketball/volleyball courts. The soccer field has an outdoor spectators' gallery that accommodates 300 spectators.

The **AUD Knights Arena**, a central indoor stadium, is designed so that it can be dis-mantled into two independent courts used for indoor soccer, handball, basketball or volleyball.

This stadium has a capacity of 2,500 spectators.

Separately, there are two squash courts and a 1,600sqf gymnasium and an aerobics/dancing/music room.

AUD LIBRARY

AUD Library provides a rich collection of print and electronic resources supporting the academic programs. These resources include: access to over 300,000 books; subscriptions to core academic print and online journals, as well as newspapers and periodical magazines; and a robust collection of academic and professional online databases. The Library supports course-related information literacy instruction and promotes a community-wide reading culture with a growing collection of literary works and prize-winning titles.

Student ID # _____

Photo

Status _____

Finance Stamp

CLINTON SCHOLARSHIP APPLICANT INFORMATION

Family Name (as per passport)

First Name (as per passport)

Gender Male Female Marital Status Single Married

Date of Birth (mm/dd/yy)

Citizenship (as per passport)

Country of birth

College/University

Country

Program/Major

CGPA

Permanent Mailing Address

Transcript Mailing Address

Study Abroad Advisor / Office

Street _____ P. O. Box _____

City _____

Name _____

State/Country _____ Zip _____

Street _____ P. O. Box _____

Permanent Phone (____) _____

City _____

Current Phone (____) _____

State/Country _____ Zip _____

Email _____

Tel _____

Mobile Phone _____

Email _____

Application Details

1. Have you applied to AUD before? No Yes; when? _____

2. When do you plan to join AUD? (Please check only one)

Fall 20 _____ Spring 20 _____ Summer (I) 20 _____
(Sept-Dec) (Jan-Apr) (May-Jun)

3. Are you interested in the Certificate in Middle Eastern Studies? No Yes If yes, please [click here](#) to fill the MEST form

4. Do you require housing accomodation? No Yes

5. Do you need a student visa? No Yes (please refer to the visa information section in this kit for further details on how to apply for a student visa)

6. Do you have a physical, perceptual, psychological or learning disability? No Yes Special services may be available.

APPLICANT INFORMATION

Emergency Details

In case of an emergency, please notify:

Name _____ Relation to Applicant _____

Phone _____ Email _____

Study Abroad Advisor

Name _____

Address _____

City _____ State/Country _____ Zip/Post Code _____

Tel _____ Email _____

Please list any friends or classmates who might be interested in attending a semester abroad at AUD

Name	University Currently Attending	Email Address	CellPhone #

Indicate Foreign Language Ability, Including Level of Proficiency

List Experience and Extracurricular Activities Applicable to Your Specified Program Area(s)

How did you find out about the The William Jefferson Clinton Scholars Program at AUD?

Home Institution AUD website Professor/Academic Advisor

Classroom Presentation Referral Other: Please specify _____

Social Media Study Abroad Fair



WAIVER AND RELEASE

This form must be submitted along with the application for admission

Must be signed by the applicant

I, the undersigned, for and in consideration of the award to me of a William Jefferson Clinton Scholarship by the American University in Dubai, in consultation with the William J. Clinton Presidential Foundation, hereby release and forever discharge the William J. Clinton Presidential Foundation and the American University in Dubai and all of their agents, officers, directors and employees from any and all manner of claims, causes of action, losses, or liability which I now have or may ever have at any time in the future against the William J. Clinton Presidential Foundation, its agents, officers, directors or employees, arising out of or pertaining to any injury, loss, damage or harm or any kind which has, will, or may happen to me while I am enrolled in programs at the American University in Dubai whether or not on the property of the American University in Dubai.

And I hereby assume all risks for any damage, loss, injury, or harm which may occur to me in going to or from AUD or any traveling which I may engage while enrolled at AUD.

In addition to the above and for the same consideration previously stated, I hereby agree to indemnify, defend, protect and hold harmless AUD and the William J. Clinton Presidential Foundation and its agents, officers, directors and employees from and against any and all manner of claims, causes of action, losses or liability arising out of any accident, injury or damage to me occurring while I am enrolled in programs at AUD or traveling to or from the university.

This Waiver and Release shall remain in full force and effect so long as I am enrolled in programs at AUD or during travels to or from AUD.

I have executed this Waiver and Release and have agreed to the terms of this instrument having carefully read it in full, this _____ day of _____ 20 ____ .

Name of Applicant & Signature

Date (dd/mm/yy)

CONSENT TO RELEASE "EDUCATION RECORDS"

Must be signed by the applicant

The American University in Dubai classifies **Directory Information** as the following:

Student name, address(es), telephone number(s), e-mail address, birth date and place, program of study, dates of attendance and credentials awarded. Any other education record is classified as non-directory information and can not be disclosed to any party without the student's consent.

Choose One

___ I **AUTHORIZE** to release my education records (e.g., grades, GPA, ID, schedule, statement of fees etc.) to the following:

___ Parent(s)	Father's Name _____
	Mother's Name _____
___ Financial Sponsor	_____
___ Guardian	_____
___ University	Address _____
	Tel _____ - _____

___ I **DO NOT AUTHORIZE** the release of non-directory education records.

Name of Applicant and Signature

Date (dd/mm/yy)

DECLARATION

Must be signed by the applicant

If I am accepted by The American University in Dubai (AUD), I agree to abide by the regulations and policies set forth in the *University's Undergraduate Catalog, Student Handbook, Schedule of Tuition Fees, and Enrollment Agreement* and as stated in this application and online.

I certify that the information that I have provided in this application is true and complete to the best of my knowledge. I fully realize that omissions or falsifications of information will be sufficient reason for rejection or dismissal.

Important Notices

Students should be aware that all records, letters and other documents provided in the original to AUD as part of the admissions process will remain University property. The university reserves the right to evaluate the adequacy of all credentials submitted for admission.

Students who are not granted admission to AUD or who withdraw their application should collect their documents within two (2) years; otherwise, their physical records will be destroyed.

Name (please write your full name here)

Signature

Date (dd/mm/yy)

ACKNOWLEDGEMENT

Must be signed by the applicant

Insurance Coverage while at AUD

Private health insurance covering care in the UAE is mandatory for AUD students. Visiting students are required to provide the Finance Office with evidence of valid private health insurance applicable in the UAE, during the Admissions process. This requirement is mandatory and required prior to class registration once the Admissions file is cleared. Visiting students are responsible for all changes related to any medical care while enrolled at AUD.

Visiting students requiring AUD residence visas have to enroll in the AUD sponsored health insurance plan as part of the visa process.

Housing Security Deposit

In order to receive the keys to the shared dorm room for check-in, a housing security deposit payment of AED1,000 (US\$274) is required prior to check in. This amount is fully refunded once the student returns the keys to the Housing Manager and the dorm room is deemed free of any damage.

Exchange/Visiting students are allowed to enroll on a full-time basis (12-16) credits. Students who wish to exceed the 16 credits as an overload will have to bear the expenses of the additional credits. (Please contact finance at finance@aud.edu for the additional charges).

Withdrawal from Courses

The Admissions Office reserves the right to inform the home institution, when requested, that the study abroad/visiting student has withdrawn from courses at AUD.

I, the undersigned, acknowledge the above policies, and accept to make the appropriate payments within the deadlines, as mentioned in the *AUD Academic Calendar* online.

Name (please write your full name here)

Signature

Date (dd/mm/yy)

AMERICAN UNIVERSITY IN DUBAI RESERVATION AND ENROLLMENT AGREEMENT & TERMS

- I agree to accept the rules, regulations and fees of the American University in Dubai as stated in the current *Catalog* (which may be modified from time to time) and on the website, and agree to the terms and conditions as stated in the *Undergraduate Application for Admission*, which I acknowledge receiving.
- I understand that the academic year consists of two semesters – Fall and Spring – and is defined as the period of time beginning with the Fall semester in September and extending through the end of the Spring semester April. In addition to the academic year, the University conducts two summer sessions, which students may choose to attend.
- I understand that fees, as listed in the *Schedule of Tuition, Fees and Expenses*, are payable in advance. I further understand that all fees must be current before students can begin or continue attendance or receive any University services. All financial obligations to the University must be discharged before grades, transcripts, etc., can be issued or a degree conferred.

I understand the refund policy is as follows:

(1) Tuition - All refund requests will be processed within 30 days. Refunds are governed by the following regulations:

Withdrawal/dismissal from <u>all classes</u>		Withdrawal from <u>select classes</u>	
Schedule	Refund	Schedule	Refund
During Drop/Add*	100%	Until end of Drop/Add*	100%
Until the end of the second week**	50%	After Drop/Add	0%
Until the end of the third week	25%		
After the third week	0%		

*For new students in the first semester of attendance 100% refund with the exception of the reservation and enrollment deposit of AED5,000 (for undergraduate) which is non-refundable. See the AUD Academic Calendar for dates of Drop/Add.

** Sunday-Thursday - The refund amount will be a credit to the student's account and carried forward to the following semester. Non-returning students will receive a refund within 30 days of submitting a request form.

(2) Housing Fees and Charges - The one-time, housing security deposit is refundable at the end of the semester if no housing damage has occurred. The housing reservation fee is non-refundable and non-transferable unless the student's application for admission is denied or the student cancels his/her admission (including conditional) one month prior to the start of the semester for which he or she has paid.

Note: AUD has a Refund Policy specific to legal residents of the U.S. State of Georgia. This Policy has been written to be in compliance with Standard Nine of Georgia's Minimum Standards and Criteria for NPEC Institutions. The existence of this Policy is announced during Student Orientation and referenced at the time of exit from AUD (during the account settlement process) of any Georgia resident who requests a refund. A copy of this Policy is available in the Finance Office, the Registrar's Office, and the Office of Institutional Effectiveness.

- I understand that degrees are conferred by the American University in Dubai as explained in the *Catalog* and on the website. I understand that as a student, I must fulfill all requirements for academic credit and residency before a degree is awarded. I have read the *Catalog* online and have reviewed it, and acknowledge that the information is readily available online. I have been given an opportunity or opportunities to ask questions about the *Catalog* and all other materials I have reviewed. I am satisfied with the information I have received as well as the opportunity to receive additional information as requested.
- As a student of the University, I pledge that all tests taken by me and that all work submitted by me will be original and solely the result of my own efforts.
- I understand that all costs of student supplies are borne by the student, parent and/or guardian and that the supplies will remain the property of the student.
- I understand that all students, while enrolled at AUD are required to have and maintain private health insurance covering all UAE care on a continual basis and are responsible for all charges related to their medical care. AUD-sponsored students are automatically enrolled in the AUD-sponsored health insurance plan, and charged a non-refundable fee on their Fall semester bill covering the period September 1 through August 31. AUD non-sponsored students can join the AUD-sponsored health insurance plan at the beginning of each semester, subject to approval from the insurance company.
- I understand the University makes reasonable efforts to provide a safe and secure environment, including making arrangements for transportation, food, housing, recreation, sightseeing, and other services in connection with all trips organized for students. I acknowledge that the University does not assume any liability nor shall it be liable for any injury, damage, loss, accident, or delay for any reason other than its own gross negligence with regard to the foregoing. Therefore, I hereby waive and release any and all claims against the University, its faculty and staff, and their successors and assign any legal representatives for any injury, loss, accident, damage, delay, or expense for any and all injuries suffered by me arising out of the foregoing.
- I agree that the University may use students' pictures, statements and names for news items, advertising, and publicity for the University.

The UAE Ministry of Higher Education– Higher Education (MOE-HEA) has officially licensed the American University in Dubai and accredited all of its programs. AUD is also accredited by the Southern Association of Colleges and Schools Commission on Colleges to award Bachelor's and Master's degrees.

Name _____

Signature: _____

Date: _____

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VISITING/EXCHANGE PROGRAM COURSE APPROVAL FORM

First Name _____ Middle Name _____ Family Name _____	Home Institution _____ Address _____
How many classes will you be taking while enrolled at AUD? Fall _____ Spring _____ Summer I _____ Summer II _____	SEMESTER ATTENDING AT AUD _____ Are you planning on staying more than one semester? <input type="checkbox"/> Yes <input type="checkbox"/> No

The following courses have been approved for transfer credit to my home institution (list the courses by order of preference)

HOME INSTITUTION			AUD EQUIVALENT		
Course Code	Course Title	Credit Hours	Course Code	Course Title	Credit Hours

This student has completed equivalent AUD pre-requisite(s) for the courses listed above and will receive transferable credits upon evaluation of the student's AUD transcript

SIGNATURE OF DEAN/DEPARTMENT HEAD

DATE

IMPORTANT NOTE

This form is official if signed and has the original stamp of the appropriate department at the home institution. The form is also accepted by e-mail if sent directly from the home institution.

STAMP

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HEALTH HISTORY FORM

In order for the Health History Form to be approved, it is mandatory that the questionnaire be **completed and stamped by a physician** and that all immunizations are current. This form is to be submitted during registration.

To the examining physician: Thank you for completing this form

Student Name	ID #	Semester
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yy)	Nationality
In Case of Emergency Contact		
Contact Name 1	Contact Name 2	
Mobile #	Mobile #	
E-mail Address	E-mail Address	

Please indicate if the student has any of the following illnesses or conditions. List any medicine the student is currently taking for the condition.

Migraine	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medication _____
Back Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medication _____
Blood Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medication _____
Psychological Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medication _____
Neurological Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medication _____
Anxiety Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medication _____
Anemia	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medication _____
Kidney Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medication _____
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medication _____
Chest Problems: Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medication _____
Jaundice	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medication _____
Stomach/Gastric Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medication _____
Heart Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medication _____
Malaria	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medication _____
Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medication _____
Have you had Chickenpox?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please state date _____
Vision Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please state _____
Hearing Problem	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please state _____
Have you had past surgeries?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please state date, name and reason _____
Medication Allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please state name and type of reaction _____
		Medication _____
Food allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please state name and type of reaction _____
		Medication _____
Environmental allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please state name and type of reaction _____
		Medication _____

i.e.; wasp stings, bites, dust, pollen

Is the applicant on a long treatment for any medical condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state _____
Is the applicant suffering from any other illness not listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state _____
Is the applicant current with immunizations?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state last booster of:

DT, Polio	Date _____	MMR	Date _____
Hep.A	Date _____	Hep. B	Date _____
Meningitis	Date _____	Varicella (Chickenpox)	Date _____

Physician Name, Signature & Stamp
Date (dd/mm/yy)

AUTHORIZATION FOR DISCLOSURE OF HEALTH HISTORY INFO

Important Notice

All health information is confidential however the President, Executive Vice President, Provost, and Dean of Student Services will have access to this information (as needed).

I understand that the Health Center Director may share my health information as needed.

By signing this form, I give permission to the AUD Health Center Director to disclose my health information.
I understand that I have the right to revoke this consent at any time by notifying the university Health Center in writing.

Failure to sign this form constitutes a non-authorization.

Please send the health history form, a copy of health insurance card (both sides), and this form to healthcenter@aud.edu

Student Signature

Date (dd/mm/yy)



VISA INFORMATION

Students have the option to apply for a Student Residence Visa with AUD or check other options with the UAE Embassy in their home country.

OPTION 1:

IMPORTANT: Depending on the type of passport the student is holding, other options of getting different types of visas could be available to visit the UAE. Please note that it is the student's responsibility to check these options, requirements, rules and regulations with the UAE Embassy in their home country. AUD will not be liable or held responsible for any violations, or any complications that might occur due to the fact that the immigration rules might change from time to time during your stay in Dubai.

OPTION 2:

Students who are accepted and enrolled on a full time basis have the option to apply for a visa and can be sponsored by the university. They will be issued a Student Residence Visa valid for one year. Students who wish to apply for this visa, should request for it by contacting the Admissions Office at least 2 months before the scheduled date of entry.

Required Documents and Process:

- The *Visa Application Form* duly filled and returned [click here](#)
- Colored photocopy of the passport with validity page (min. 6months validity)
- 1 photo
- Copy of current visa, if applicable
- Copy of tenancy contract (Ejari). *Waived for those living in AUD Housing.*
- Visa charges: AED2,000.25.(US\$548) + a refundable AED3,000 (US\$822) passport security deposit
- Extra Charges: these are applicable only to those students who enter the UAE with another type of visa (tourist etc.) and wish to obtain an AUD Student Residence Visa while they are in the UAE.
 - Change of visa status AED600 (US\$164)
 - Issue visa while in country AED700 (US\$192)

Visa processing usually takes 3 to 4 working days. Delays may occur from the Department of Naturalization and Residency Dubai (DNRD).

Visa Processing after the student arrives to Dubai

During the first week of the semester, students should contact the Visa Officer for visa processing. To process the Student Resident Visa and add it on your passport you need to do the following:

Step 1 - Process your U.A.E. ID Card

The ID card is a mandatory electronic means of identification that the Emirates Identity Authority issues each national and expatriate person residing in the U.A.E. Before AUD can process your Student Residence Visa, we need a copy of your U.A.E. ID Card process papers (U.A.E. ID Card Request Form + Fingerprints)

Kindly present your original passport to the typing office located in Al-Manara Centre near Noor Bank metro station in order to print your U.A.E. ID application. Then proceed to the Emirates ID Center in Knowledge Village next to Mediclinic Hospital, Block 12, first floor for your fingerprints.

Step 2 - Bring the following documents to the Visa Officer (Admin Bldg. Room 120)

- U.A.E. ID Card process papers (original + copy)
- Original Passport
- Original Visa
- 4 Photos
- 2 passport photocopies with validity page
- 2 visa photocopies

- Copy of the tenancy contract (Ejari). *Waived for those living in AUD Housing.*
 - If you are the tenant: copy of Ejari
 - If you are living with your family: copy of Ejari + copy of the tenant's passport
 - If you are living with non-family members: copy of Ejari + copy of the tenant's passport + no objection letter from tenant to host you.

Step 3 - Pay your fees at the Finance Office (Admin Bldg. Room 124)

- Pay AED400 (US\$110) for the medical test
- Get receipt signed by the Visa Officer

Step 4 - Book the medical test* at the AUD Health Center (A Bldg, Room 116) by providing the following documents

- Receipt from Finance Office duly signed by the Visa Officer
- Passport copy
- Visa copy
- 2 Photos

* A medical test at an authorized UAE medical center is required by the Department of Naturalization and Residency Dubai (DNRD). A positive result for HIV, Tuberculosis (TB), Hepatitis B or C, or leprosy is grounds for immediate deportation. Students under the age of 18 will be exempted from doing the medical test.

Check with the Visa Officer 10 days after your medical test is conducted to confirm the transfer of your Student Residence Visa to the passport.

[Health Insurance](#)

Health insurance fees are payable at the time of visa application.

Private health insurance covering care in the UAE is mandatory for all AUD sponsored students. In order to meet this requirement by enrolling in the AUD-sponsored health insurance plan, students are charged a non-refundable fee as per the below.

Student joining **in** Fall Semester (covering September to August): ***AED 2,000 - \$ 548**

Spring Semester (covering January to August): ***AED 1,386.00 - \$ 380**

Summer I Term (covering May to August): ***AED 735.00 - \$ 202**

****Insurance fees are subject to change***

[Cancellation Fee](#)

AED 200 (US\$55)

AUD-sponsored students who complete their semester(s) at AUD must contact the Visa Officer to process their visa cancellation two weeks before returning to their home country. ***These fees are subject to change without notice by the UAE government authorities.***

ABOUT THE AUD-CLINTON SCHOLARSHIP

Objective

The William Jefferson Clinton Scholars program at AUD seeks to further the goals of the Clinton Presidential Foundation to strengthen the capacity of people in the US and throughout the world to meet the challenges of global interdependence.

The program provides US students the opportunity to expand their educational and cultural horizons by studying in the Arab world.

Eligibility

The scholarship is only open to U.S. Citizen Students currently enrolled as fulltime undergraduate degree candidates at an accredited four-year college/university in the United States. Provision has been made for **up to ten students per semester**.

Selection Criteria

- It is expected that recipients will demonstrate exemplary academic achievement (i.e., 3.0 CGPA or equivalent).
- Preference will be given to students who show interest in being exposed to the Middle Eastern and Islamic cultures for the first time.
- Students will also have to complete a **phone interview** with AUD's External Relations Office to finalize the application process. Student will be contacted directly to schedule the interview after the deadline date.

Coverage

Clinton Scholars will receive:

- A full waiver of tuition for one term;
- Dormitory housing at the American University in Dubai on a shared-room basis.

Scholars must carry a **full load of academic credit (12-16 credit hours) during each semester of study and 6 credit hours during the summer session**. If scholars fail to remain in good academic standing as defined by AUD's Academic Standards or fail to adhere to the AUD Code of Conduct, program participation will be terminated. Board, texts, transportation and extracurricular activities are the financial responsibility of the student.

Kindly note that the AUD Clinton Scholarship Program only covers 5 courses out of the 6 should the student wish to pursue the *Certificate in Middle Eastern Studies Program*. Students wishing to take the 6th course will be charged for the actual number of credits required for the course (3 credits or above).

Note

Student who are not granted the WJC Scholarship and still wish to apply to AUD as visiting students should fulfill the other specific requirements. Further details are available online.



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ADMISSIONS CHECKLIST

The university reserves the right to evaluate the adequacy of all credentials submitted for admission. Furthermore, students are reminded that omission or falsification of information constitutes sufficient reason for rejection or dismissal. This dismissal, requiring the President's approval, may occur at any time during a student's residence at AUD; i.e., upon discovery of the omission/falsification.

Students joining AUD for one semester or more with the intention of transferring credits back to their home institution should submit the following documents.

Please make sure that the following items are included with your application, your admission will depend on the receipt of all necessary documents that are required throughout the review of your application. Please note that files missing required documents may not be considered for evaluation.

___ Completed **Clinton Scholarship Program at AUD Application Form**

___ Official copy of the applicant's current undergraduate **transcript** showing that the applicant:

- is in good academic standing (i.e., 3.0 CGPA or equivalent) at the institution from which he/she is applying
- has completed or is completing one full year of study as a full-time student at a four-year accredited U.S. college or university

___ **Personal statement** 500-words addressing the qualities that distinguish the applicant for The William Jefferson Clinton Scholars Program

___ Completed **Course Approval Form**. Written approval from the advisor at the educational institution, indicating that the applicant is eligible to study abroad and have credits earned at AUD counted towards their degree program

___ Completed **Registration & Enrolment Form**

___ Completed and signed by the student: **(1) Waiver and Release, (2) Consent to Release Education Records, (3) Declaration, and (4) Acknowledgment.**

___ One **(1) recent passport-size photograph** for AUD ID

___ Completed **Health History Form**. This form must be signed and stamped by a Physician.

___ Copy of valid **Insurance Card**

___ One **Letter of Recommendation**: the letter should be included in the application packet in a sealed envelope

___ **Résumé** indicating work and leadership experience

DEADLINES

Application deadlines are as follows: Fall Semester: June 15;
Spring Semester: November 15; Summer I Session: March 15.
Please allow 15 days for mail delivery.

SEND YOUR APPLICATION PACKET TO:

The William Jefferson Clinton Scholars, American University in Dubai, Sheikh Zayed Road, P. O. Box: 28282, Dubai, United Arab Emirates

FOR OTHER INQUIRIES

THE AMERICAN UNIVERSITY IN DUBAI

P. O. Box: 28282, Dubai, United Arab Emirates

Tel: +971 4 399 9000

E-mail: clintonscholars@aud.edu

www.aud.edu

THE WILLIAM JEFFERSON CLINTON SCHOLARS

55 West 125th Street,

New York, NY 10027, USA

www.clintonfoundation.org

The American University in Dubai evaluates all applications, makes all admission decisions and treats all students without discrimination regarding race, sex, color, age, religion, national origin or handicap.

AUD

OFFICE OF ADMISSIONS

ADMISSIONS AT AUD

The mission of the Office of Admissions is to admit to AUD's degree programs students who possess appropriate credentials and the demonstrated capacity and potential to successfully complete the educational programs provided by the university and meaningfully participate in the total educational experience offered by AUD.

The Admissions Office consists of a professional team that assists prospective students gain accessibility to opportunities in higher education. The Admissions team is held to a high level of integrity and is charged with providing quality service and accurate information to all students.

AUD ADMISSIONS OFFICE

P. O. Box 28282, Dubai, UAE

T. +971 4 399 9000

E. admissions@aud.edu

www.aud.edu

For specific admissions requirements, please consult: the *AUD Undergraduate Catalog* or the website.

ACCREDITED

IN THE UAE & THE USA

The United Arab Emirates Ministry of Higher Education - Higher Education Affairs (MOE-HEA) has licensed the American University in Dubai and accredited all of its programs. The university is also accredited in the USA by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award Bachelor's and Master's degrees.