



---

# 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 enthusiastic that AUD has become one of your university choices in the region, an institution with a leading academic reputation 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 SACS, one of the six regional accreditation organizations recognized by the United States Department of Education and the Council for Higher Education Accreditation. It is also recognized by the Ministry of Higher Education - Higher Education Affairs (MOE-HEA), providing you assurance in quality education and promoting continuous institutional improvement in an American setting.

Students choosing the American University in Dubai 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. Located in Dubai Media City, a business hub for advertising, communication, media and marketing companies, makes AUD a sought-after place, popular and desirable.

We hope this kit serves as a guide to help you with the application process. Our Admissions team embraces students' educational goals and facilitates the admissions process by answering your queries, ensuring you have a smooth process while reviewing your application in a timely manner. Come and visit us at our state-of-the-art campus for individual or group tours, and let our friendly team show you why our students and faculty are happy to be here.

Wishing you the best,



**Carol A. Maalouf**  
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 we place emphasis on the *educational, professional and personal* growth of each student.

**LANGUAGE OF INSTRUCTION** English



**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 food courts.

**Athletic facilities** include a 1,300ft track, a 82ft pool, a soccer pitch, three tennis courts, and two basketball/volleyball courts.

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

This stadium has a capacity of 2,500 spectators, in addition to an outdoor spectator's gallery that faces the soccer field and accommodates a public of 300.

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, including: access to over 300,000 books; subscriptions to core academic print and online journals, as well as newspapers and 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 prizewinning 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

Street \_\_\_\_\_ P. O. Box \_\_\_\_\_

Street \_\_\_\_\_ P. O. Box \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

State/Country \_\_\_\_\_ Zip \_\_\_\_\_

State/Country \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Phone (\_\_\_\_) \_\_\_\_\_

University Email \_\_\_\_\_

Current Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Mobile Phone \_\_\_\_\_

In case of an emergency, please notify:

Name \_\_\_\_\_

Relation to Applicant \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

If you do not want us to contact your parents regarding study abroad information, check here

## 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 (1) 20\_\_\_\_  
(Sept-Dec) (Jan-Apr) (May-Jun)

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

4. Do you require housing accomodation?  No  Yes

# APPLICANT INFORMATION

## High School or Secondary School of Graduation

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip/Post Code \_\_\_\_\_  
Tel \_\_\_\_\_  
Date of Graduation \_\_\_\_\_ DD/MM/YY

## Study Abroad Advisor

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip/Post Code \_\_\_\_\_  
Tel \_\_\_\_\_ Email \_\_\_\_\_

## List in Chronological Order Any University or Post-Secondary Schools You Have Attended.

Please request that an official transcript (university record) be sent from each

School	City & State	Major / Minor	Dates Attended

## Academic Reference

In accordance with the application requirements, my academic reference is as follows:

Designation    \_\_\_ Dr. \_\_\_ Mr. \_\_\_ Mrs. \_\_\_ Ms.  
Name \_\_\_\_\_  
City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip/Post Code \_\_\_\_\_  
Tel \_\_\_\_\_ Email \_\_\_\_\_

## 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   \_\_\_ Student Ambassador   \_\_\_ Campus Relations Advisor  
\_\_\_ Friend/Student       \_\_\_ Internet Search       \_\_\_ Study Abroad Fair

Please list any friends or classmates who might be interested in attending, are attending or have attended AUD for a semester abroad.

Name	Interested	Attending/ Attended	Email Address	CellPhone #

# WAIVER AND RELEASE

This form must be submitted along with the application for admission

**Mandatory to be filled by the applicant**

Know all persons by these presents:

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 of any damage, loss, injury, or harm which may occur to me in going to or from the American University in Dubai or any traveling which I may engage in while enrolled at the American University in Dubai.

In addition to the above, and for the same consideration previously stated, I hereby agree to indemnify, defend, protect and hold harmless the 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 the American University in Dubai 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.

In witness whereof, 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)

\_\_\_\_\_  
First Witness Name & Signature

\_\_\_\_\_  
Date (dd/mm/yy)

## CONSENT TO RELEASE “EDUCATION RECORDS”

**Mandatory to be filled 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:

<input type="checkbox"/> Parent(s)	Father’s Name _____ Mother’s Name _____
<input type="checkbox"/> Financial Sponsor	
<input type="checkbox"/> Guardian	
<input type="checkbox"/> University	Address _____ Tel _____ - _____

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

\_\_\_\_\_  
**Signature**

# DECLARATION

*Mandatory to 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 to all credentials submitted for admissions.

Students who are not granted admission to AUD or who withdrew 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

*Mandatory to be signed by the applicant*

## Insurance Coverage while at AUD

**Private health insurance covering care in the U.A.E. is mandatory for all 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. Proof of health insurance coverage is to be emailed to [finance@aud.edu](mailto:finance@aud.edu) (please refer to p.9 of this Kit for the form to be filled).

## Housing Security Deposit

In order to receive the keys to the shared dorm room for check-in, a housing security deposit payment of AED 1,000 (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.

## Withdrawal from Courses

The Admissions Office reserves the right to inform the home institution, when requested, that the 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)

# VISITING/EXCHANGE PROGRAM COURSE APPROVAL FORM

<b>First Name</b> _____ <b>Middle Name</b> _____ <b>Family Name</b> _____	<b>Home Institution</b> _____ <b>Address</b> _____
<b>How many classes will you be taking while enrolled at AUD?</b> Fall _____ Spring _____ Summer I _____ Summer II _____	<b>SEMESTER ATTENDING AT AUD</b> _____ <b>Are you planning on staying more than one semester?</b> <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 respective department at the home institution. We also accept the form by e-mail if sent directly from the home institution.

\_\_\_\_\_  
STAMP

**AUD**  
AMERICAN  
UNIVERSITY  
IN DUBAI





## 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: \_\_\_\_\_

**AUD**  
AMERICAN  
UNIVERSITY  
IN DUBAI



## AUD HEALTH SERVICES

Dear incoming student,

AUD prides itself on offering quality health services. To maintain our standards and fully address the health and medical needs of our students, the AUD Health Center requires that all AUD students submit the Student Health History Form, **endorsed by a physician**, to the AUD Admissions Office, or to the AUD Health Center.

All health information is confidential. Only the following staff members can discuss the content of medical documents, with the health professionals (as needed): President, Vice President, Provost, Dean of Student Services, Director of Student retention and success, and Housing Manager (for dorm students). All student medical records are kept under a locked filing system; they are not released to others without the written consent (Authorization of Health Information Release) of the student or his/her parents. The AUD Health Center personnel are available 24 hours a day to answer any health-related questions and concerns.

### **Student Health Insurance**

Private health insurance covering care in the UAE is mandatory for all AUD sponsored students. Health insurance fees are payable at the time of visa application. (Kindly check fees with Finance).

AUD non-sponsored students are required to have and maintain private health insurance covering all UAE care. They can join the AUD-sponsored health insurance plan at the beginning of each semester subject to approval from the insurance company. Insurance fees are subject to change.

### **Students with Special Medical Condition: Students of Determination**

The American University in Dubai aims to guarantee an integrated and inclusive learning experience for students with special needs. It is committed to providing students of determinations with reasonable accommodations and equal access to university programs and activities. Special needs comprise disabilities that limit one or more major life activities and medical issues requiring special and immediate intervention.

Special Needs cases could be Physical, Mental, or related to Learning disorders.

The Health Center welcomes and encourages students with special needs to identify themselves and to seek the needed support.

Kindly send this form, the completed Health History Form( below), and copy of your medical insurance card, valid in UAE, to the Health Center on: [healthcenter@aud.edu](mailto:healthcenter@aud.edu)

Best wishes for a healthy educational experience at AUD

**Nelly Halabi**  
**Health Center Director**

## AUTHORIZATION FOR DISCLOSURE OF HEALTH HISTORY INFORMATION

*By signing this form, I give permission to the AUD Health Center Director to disclose the content of my health history form. 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 non-authorization.*

---

Signature

---

Date (dd/mm/yy)

# 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.

<b>Student Name</b>		<b>ID #</b>	<b>Semester</b>
<b>Gender</b>	Male      Female	<b>Date of Birth (mm/dd/yy)</b>	<b>Nationality</b>
<b>In Case of Emergency Contact</b>			<b>Blood Group</b>
<b>Contact Name 1</b>		<b>Contact Name 2</b>	
<b>Mobile #</b>		<b>Mobile #</b>	
<b>E-mail Address</b>		<b>E-mail Address</b>	

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: ADD, ADHD, Depression, etc...	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medication _____
Learning Disorder: Dyslexia, Dyscalculia, etc...	<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 _____
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 _____
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 <i>i.e. wasp stings, bites, dust, pollen</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please state name and type of reaction _____
			Medication _____

Is the applicant on a long-term treatment for any medical condition?      Yes      No      If yes, please state \_\_\_\_\_

Is the applicant suffering from any other illnesses, not listed above?      Yes      No      If yes, please state \_\_\_\_\_

Is the applicant current with immunizations?       Yes       No      If yes, please state last booster: \_\_\_\_\_

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

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

## VISA INFORMATION FOR VISITING STUDENTS

It is **mandatory** for all **visiting students** to apply for a Student Residence Visa from AUD (except for UAE and GCC nationals).

Students should apply for the visa 2 months prior to the start of the semester by contacting the Admissions Office at [admissions@aud.edu](mailto:admissions@aud.edu).

As part of the visa process, students **have to enroll in** the AUD-sponsored health insurance plan. The Residence Visa is valid for one year.

### Required Documents and Process:

- The *Visa Application Form* duly filled and returned [click here](#)
- Colored photocopy of the passport with validity page (min. 6 months validity)
- 1 passport-size photo
- Copy of current visa, if applicable
- Copy of tenancy contract (Ejari). *Waived for those living in AUD Housing.*

**Additional Charges:** These are applicable only to those students who enter the UAE with another type of visa (tourist etc.) and apply for an AUD Student Residence Visa while they are in the UAE.

- Change of visa status AED600
- Issue visa while in country AED700

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

### Visa Fees:

Residency fees for visiting students coming for one semester:

Visa fee: **AED 1,000**

Passport deposit: **AED 1,000**

Health insurance: **AED 1,200**

Blood test: **AED 400**

**Total per semester: AED 3,600**

Residency fees for visiting students coming for two consecutive semesters or extended another semester:

Visa fee: AED 1,000

Passport deposit: AED 1,000

Health insurance: **AED 2,400\***

Blood test: AED 400

**Total per 2 semesters: 4,800**

\*the rate may vary, therefore the annual rate will be applied

### Cancellation Fee - AED200

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.



**AUD**  
AMERICAN  
UNIVERSITY  
IN DUBAI



# 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** -500words 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.**

\_\_\_ Photocopy of **Passport with validity page**

\_\_\_ 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](mailto:clintonscholars@aud.edu)

[www.aud.edu](http://www.aud.edu)

### THE WILLIAM JEFFERSON CLINTON SCHOLARS

55 West 125th Street,

New York, NY 10027, USA

[www.clintonfoundation.org](http://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](mailto:admissions@aud.edu)

[www.aud.edu](http://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.