EMBASSY OF THE
UNITED ARAB EMIRATES
CULTURAL DIVISION

سفارة دولة الإمارات العربية المتحدة
الملحقية الثقافية - واشنطن

Verification of Enrollment

This is to certify that_____
Last Name / First Name / Middle Name or Initial

Enrolled in ( ) Degree Program ( ) Intensive English Program

For School Term : _____

Term Start Date : _____ **End Date :** _____

Name of School : _____

Major : _____

Student's School Advisor's Name: _____

Telephone Number: (_____) _____-_____.

Student's Signature: _____

Signature and Stamp of School Registrar Office:

Student's Embassy LD. No.: _____ **Sponsor LD.#:** _____

Embassy Advisor's Name:

Courses Scheduled for Term:

Course Number	***Course Name/Title***	***Number of Credits***