



ARAB AND EUROPEAN UNIVERSITY ASSOCIATION Membership Application Form

In my legal capacity as legal representative of my University, I would like to apply for membership of the Association of Arab and European Universities (AEUA). I would like to receive all necessary and available documentation on AEUA on a regular basis. My institution is interested in participating in projects initiated by AEUA.

Name: _____
Position: _____
Name of University: _____
Website: _____
Tel: _____
Fax: _____
E-mail: _____
Address: _____
City: _____
Postal Code: _____
Country: _____

UNIVERSITY

Number of Students: _____
Number of Staff: _____
Public/State funded: Yes/No
Private: Yes/ No
Established in Year: _____
Faculties/Colleges:
(Indicate with check mark which ones apply to your University)
Law _____ Arts _____ Economics _____ Business School _____ Agriculture _____
Sciences _____ Medicine _____ Psychology _____ Engineering _____
Other Courses Offered: _____

TYPES OF DEGREES OFFERED

Separate Bachelor degrees	Yes/ No	Number of Programmes _____
Masters degrees	Yes/ No	Number of Programmes _____
Ph.D/ Doctorate	Yes/ No	Number of Programmes _____

Is your University a member of the European University Association (EUA): Yes/ No

Is your University a member of the Association of Arab Universities (AARU): Yes/ No



Member Fees:

Total Euro 975,00

I shall transfer the amount of Euro 975,00 (nine hundred seventy five Euros) to:

Account Name: AEUA Account Number: 1445.56.697

Rabobank

The Hague, The Netherlands

Iban Code: NL 65 RABO 0145556697

Bank Code: 1299

Swift Code: RABO NL 2U

Date:

Signed:

University Representative