

MINI COURSES APPLICATION FORM

Student ID (SID) _____ رقم الدارس

Term _____ الفصل الدراسي

Sequence: Saturday Sunday

Session: Session I Session II Session III

Campus: AUC Downtown Heliopolis Facility AUC New Cairo

Applicant's name _____ الاسم

Date of birth _____ / _____ / _____ تاريخ الميلاد
Day / اليوم Month / الشهر Year / السنة

Home address _____ عنوان المنزل

District _____ الحى Postal Code _____ الرقم البريدي

Home phone _____ تليفون المنزل Mobile _____ رقم المحمول

E-mail _____ البريد الالكتروني

School _____ المدرسة

School grade _____ السنة الدراسية

Primary Preparatory Secondary

5th 6th 1st 2nd 3rd 1st

Parent's name _____ اسم الأم/الأب

Occupation _____ الوظيفة

Employer _____ جهة العمل Work phone _____ تليفون العمل

If at AUC, Department _____ Extension _____

In case of emergency, please contact:

Name _____ الاسم Tel _____ تليفون

Mobile _____ رقم المحمول

Refund Policy

- 1) The refund policy is in accordance with the official SCE policy. Refund requests will be considered and handled in the following manner:
 - 90 percent before the week preceding the start of the program.
 - 80 percent during the week preceding the start of the program.
 - 50 percent before the end of the first week of the program.
 - No refund will be considered after the first week of the program.
- 2) For refunds, students must hand in the original receipt.
- 3) Refunds processed by the AUC Controller will be issued after two weeks from the date of handing in the completed refund request form.

Parent's signature _____ Date _____

For SCE Enrollment Services office use only

AUC Faculty, Staff and SCE Lecturers

AUC Part-Time Faculty, Alumni and Non-AUCians