

To be submitted to the Egyptian Ministry of Education

APPLICATION FOR CANDIDATES OF THE AMERICAN RESEARCH CENTER IN EGYPT

PLEASE TYPE OR PRINT:

1. NAME: _____
 First Middle in full Last

2. PERMANENT ADDRESS: _____

3. NATIONALITY (CURRENT): _____ (AT BIRTH): _____

4. SEX: MALE FEMALE

5. DATE OF BIRTH: _____ PLACE OF BIRTH: _____

6. PASSPORT NUMBER: _____ DATE & PLACE OF ISSUE: _____

7. MARITAL STATUS: SINGLE MARRIED

8. LENGTH OF PROPOSED STAY IN EGYPT (DATES OF ARRIVAL & DEPARTURE):

9. NUMBER OF DEPENDENTS WHO WILL LIVE WITH YOU IN EGYPT _____

Name

Relationship

<i>Name</i>	<i>Relationship</i>
_____	_____
_____	_____
_____	_____
_____	_____

10. YOUR PRESENT POSITION: _____

11. PLEASE DESCRIBE BRIEFLY CURRENT JOB AND ITS RESPONSIBILITIES:

12. REGISTRATION FOR POST-GRADUATE STUDIES:

A. Ph.D. OTHER: _____

B. NAME OF YOUR DEPARTMENT, FACULTY, UNIVERSITY OR RESEARCH CENTER:

C. AREA OF ACADEMIC SPECIALIZATION:

13. UNIVERSITY AND PROFESSIONAL TRAINING YOU HAVE RECEIVED:

NAME OF INSTITUTE

DEGREE RECEIVED

DATE

NAME OF INSTITUTE	DEGREE RECEIVED	DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. NAME OF MINISTRY OR FIRM, DEPARTMENT OR SECTOR (if applicable):

15. PREVIOUS TRAVEL TO EGYPT (year, length of stay and purpose):

16. FOREIGN LANGUAGE ABILITY AND PROFICIENCY (Ancient and Modern): Please list below the languages in which you are proficient and rank your ability in each category: Excellent, Good, Fair, and Poor.

<i>Name of Language</i>	<i>Speaking</i>	<i>Reading</i>	<i>Writing</i>

17. TITLE OF PROPOSED RESEARCH PROJECT: _____

18. PURPOSE OF YOUR RESEARCH: _____

19. PLAN OF RESEARCH AND MAIN POINTS IT WILL ADDRESS:

20. LOCATION AND NATURE OF SOURCES THAT YOU EXPECT TO USE TO COLLECT MATERIAL FOR YOUR PROJECT: _____

21. WILL YOU BE USING QUESTIONNAIRE FORMS? YES NO
 IF "YES," PLEASE ATTACH SAMPLE QUESTIONNAIRES.

22. WILL YOUR PROJECT INVOLVE FIELD RESEARCH? YES NO
IF "YES," WHERE? _____

23. NAME OF EGYPTIAN SCHOLAR TO BE AFFILIATED WITH YOUR RESEARCH:

(name)

(affiliation/institution)

Your name (printed)

Signature