Application for

DBA

Doctor of Business Administration

Please return the completed form to
Office of Student Recruitment & Admission
Abu Dhabi University
P.O. Box 59911, Abu Dhabi, UAE (T) 971 2 5015555, (F) 971 2 5860475
P.O. Box 1790, Al Ain, UAE (T) 971 3 7670000, (F) 971 3 7670001

Toll Free: 800 ADYOU | E-mail: admissions@adu.ac ae | www.adu.ac.ae

All applications are considered on the basis of qualifications regardless of national origin, race, religion, color, gender or disability. All documents received by Abu Dhabi University become the property of Abu Dhabi University. The documents will not be returned, forwarded to another institution or duplicated for any purposes other than admission.

PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE FILLING IN THE APPLICATION FORM:

1. All items must be filled in. Incomplete Applications will not be considered.
2. Applicants must complete the application themselves. Priority in answering applicants is given to those who apply early.
3. An admission is valid for the academic semester for which the student applies.
4. Documents required to complete the admission process include:
   - Completed Application Form and non-refundable application fee
   - Copy of a valid passport & residency visa (If applicable)
   - Copy of UAE National ID Card
   - Six (6) passport-size photographs
   - Certified copy of Bachelor and Master degree certificates (original must be presented before admission is granted)
   - Official Bachelor and Master’s degree transcripts
   - Official score report of a valid TOEFL IBT (79)/ Academic IELTS (6)
   - Equivalency letter from Department of Education Program & Certificates Equivalence - Ministry of Higher Education & Scientific Research for certificates issued from outside UAE
   - Official evidence of at least 2 years of work experience at the middle or upper management levels
   - 3 recommendation letters
   - Copy of latest CV
   - An application letter of 500-1000 words in length
   - Official transcripts from other universities for credit transfer
   - Medical examination clearance form. (Provided by the Admission Office)

HOW DID YOU LEARN ABOUT ABU DHABI UNIVERSITY?
Please check (X) one or more of the following:

☐ SCHOOL VISITS  ☐ EXHIBITIONS  ☐ FRIENDS  ☐ NEWSPAPERS  ☐ INTERNET  ☐ FAMILY  ☐ ADU WEBSITE

☐ SCHOOL EXHIBITIONS  ☐ INFO SESSION  ☐ MALL BOOTH  ☐ ROADSHOW  ☐ OPEN DAY  ☐ OTHER

If other, please specify: ________________________________

Have you previously applied to Abu Dhabi University? ☐ Yes ☐ No

If yes, when? ________________________________ Which program? ________________________________

Previous student ID No. ________________________________
PLEASE CHECK YOUR PREFERENCE

Cohort you expect to join the University: Fall year: ________________

GENERAL INFORMATION

PLEASE WRITE YOUR NAME AS INDICATED ON YOUR PASSPORT:
1. Name ____________________________
   First                  Father or Middle             Grandfather            Family
2. Mother’s full maiden name ____________________________
3. Date of birth  Day    Month    Year
4. Place of birth ____________________________
   City/Country
5. Nationality ____________________________ Country of residence ____________________________ Religion ____________________________
6. Passport number/ National ID number ____________________________
   Place of issue ____________________________ Expiry date ____________________________
7. Gender  [ ] Male  [ ] Female
8. Marital status  [ ] Single  [ ] Married  [ ] Other
9. Are you currently employed?  [ ] Yes  [ ] No If yes, please specify employer’s name: ____________________________
10. Specify number of years of work experience: ____________________________
11. Mobile ( ) ____________________________ E-mail ____________________________
12. Mailing address: (This address will be used for all future correspondences)
   P.O. Box ____________________________ Building ____________________________
   City ____________________________ Street ____________________________
   Country ____________________________ Postal code ____________________________
13. Sponsor name (if applicable) ____________________________
14. Number to call in case of emergency ____________________________

GENERAL POSTGRADUATE ADMISSION REQUIREMENTS

15. Please specify the following scores (if applicable):
   TOEFL/Academic IELTS SCORE ____________________________ Date ____________________________

16. List the universities from which you graduated with dates of attendance:

<table>
<thead>
<tr>
<th>University Name</th>
<th>Location (Country)</th>
<th>Degree Earned</th>
<th>Dates of Attendance</th>
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</thead>
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17. Honors received?  [ ] Yes  [ ] No If yes, please specify: ____________________________
18. Specify work experience (starting with the most recent):

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Employer</th>
<th>Dates of Attendance</th>
</tr>
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19. Is one of your parents/siblings employed by this University?  

☐ Yes  ☐ No

If yes, please give his/her name: _____________________________  Position ____________________________

20. Do you have any physical disabilities? (This information is voluntary and confidential; it is requested in order to help the University provide aid and support, as much as possible.)

☐ Yes (please indicate below)  ☐ No

☐ Vision impairment  ☐ Hearing impairment  ☐ Speech impairment

☐ Mobility impairment  ☐ Other (please explain)

21. Consent to release information:

I am authorizing the following individuals/parties to access my confidential record with the Registrar’s Office of Abu Dhabi University. This will remain in my file unless changes are made.

☐ Guardians (Specify relation)  ☐ I do not authorize anyone

☐ Financial Sponsor  ☐ Other

Please specify name, telephone number and address of guardians/sponsor if applicable

________________________________________________________________________

________________________________________________________________________

22. Write a statement of 500 - 1000 in length stating your reasons for applying to this program and how you see yourself benefiting from it. This section is mandatory (Please use additional separate sheet).

I understand that it is my responsibility to attest my certificates with the official education authority prior to commencing studies at Abu Dhabi University.

If I am accepted for admission for Abu Dhabi University, I agree to abide by all regulations and policies of the university, including (but not limited to) the rules of tuition fees and expenses, the admission offer, and requirements as stated in this application.

I certify that the information I have provided in this application is true and complete to the best of my knowledge. I fully realize that omission or falsification of information can lead to rejection of this application or to dismissal.

Applicant signature: ____________________________  Date: ____________________________
APPLICATION PROCESS

Students interested in attending Abu Dhabi University can:

Step 1
Complete this DBA Application Form.

Step 2
Submit the Application Form to the Office of Student Recruitment and Admission with the Application Fee and all required supporting documents.

Step 3
Selected students will be contacted for interview

Step 4
Letter of Acceptance issued

Step 5
Register for your program

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☐ Regular  ☐ Rejected  ☐ On hold  ☐ Exchange  ☐ Conditional (please state type of conditions below)
☐ Visiting

1. Certified documents attached?  ☐ Yes  ☐ No
2. Evidence of relevant work experience provided?  ☐ Yes  ☐ No
3. English proficiency requirements met?  ☐ Yes  ☐ No
4. Start date?  ☐ Fall  ☐ Spring

Decision/Comments: Please state reason for decision taken.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Program Director/College: ___________________________  Name: ___________________________  Signature: ___________________________  Date: ___________________________