



# Qatar University Scholarship Office

## QU Language Scholarship - Student Agreement Form

Name		Qatar ID No.	
Name of Qatar Univ. College/Department		Passport No.	
Tel(work)		Tel(home)	
Tel(mobile)		Fax	
Email Address			
PO Box		City, Qatar	
Position Title		Position No.	
Bank Name in Qatar		Qatar Account Number	
		Account Name	
Name of Language Center Abroad		Country	
Date to Begin Language Course		Date to End Language Course	

### Contact details of the Language Instructor

Instructor Name	Telephone
Title	Email

### Emergency Contact Details

Name	Relationship
Email	Postal address
Telephone	

**STATEMENT OF APPLICANT:** By my signature I certify that the information provided in my application is true and correct. I agree to keep my Department Head and the Qatar University Scholarship Office informed of my address and academic progress, and to submit Academic Progress Reports every semester or as required by the Scholarship Office. I understand that in case I fail to maintain a satisfactory record, or comply with all applicable rules and regulations, or in case my conduct is considered prejudicial to the best interests of QU, my scholarship may be suspended or terminated, scholarship payments may cease and I may be required to reimburse Qatar University for all scholarship payments made to date.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_