



**APPLICATION FOR INITIAL/ RENEWAL OF  
INSTITUTIONAL LICENSURE**

Institution Name	in English			
	in Arabic			
Location of the Main Campus of the Institution				
Date of submission (DD/MM/YYYY)		□□ / □□ / □□□□		
If applying for Renewal of Institutional Licenture, state the date of expiration of Institutional Licenture (DD/MM/YYYY)		□□ / □□ / □□□□		
Details of Institution Contact Person	Name		Designation	
	Tel No		Email	
Is the Institution affiliated with or does it intend an affiliation with another institution in the UAE or abroad? If so, please name the institution and provide the address and contact information:				
Signed: (CEO) _____				