APPLICATION FOR ADMISSION

Application Instructions:

1. Complete all sections of this application in ENGLISH. Please print clearly.

2. Attach an official transcript of your secondary school grades/records. If you are currently in the final year of high school, a copy of your final marks must be submitted once final results are available.

3. Attach photocopies of your National ID Card and passport with details – eg. Picture page, visa and resident permit.

4. Attach a letter of sponsorship from the sponsoring Ministry/Company/Group/Organization (if applicable).

5. High school graduates from non-state or private schools must provide a certificate of equivalency from the Ministry of Education, Qatar.

6. The application processing fee is QR 100. This fee must be paid when the application is submitted.

7. Submit application to: College of the North Atlantic - Qatar
   P.O. Box : 24449
   Main Campus - Duhail
   68 Al Tarafa, Duhail North
   (Next to Qatar University)
   Doha, Qatar

   Telephone : 4495-2222
   Facsimile : 4495-2014

Visit our website at:

www.cna-qatar.com
E-mail address: ________________________________

**College Student Number:**

**Program Applied for:**

Check one:  
- Full-Time/Daytime  
- Part-Time/Evening

**Full Name:**

<table>
<thead>
<tr>
<th>First</th>
<th>Father</th>
<th>G.Father</th>
<th>Family</th>
</tr>
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Date of Birth: _______ YY / MM / DD  
Gender  
- Male  
- Female

Place of Birth (City/Country): ________________________________

National Identification Card Number: __________  
Nationality: ________________________________

**Permanent Mailing Address:**

Street Address: ________________________________

P.O. Box: __________  
City: ________________  
Country: ________________

Telephone Number: ________________________________  
Mobile: ________________

**Present Mailing Address (if different from Permanent Mailing Address):**

Street Address: ________________________________

P.O. Box: __________  
City: ________________  
Country: ________________

Telephone Number: ________________________________  
Mobile: ________________

**Education:**

Name of Secondary School: ________________________________  
Country: ________________

Presently attending Secondary School  
- Yes  
- No

Grade Completed: ________________________________

School Stream (if applicable)  
- Science  
- Arts  
- Math  
- French  
- Other

Percentage Obtained: ________________________________  
Year Graduated: ________________

Name of Post-Secondary Institution: ________________________________  
Country: ________________

Program: ________________________________  
Credits Completed: ________________________________

Certification Awarded: ________________________________  
Year Graduated: ________________
Identification of Special Needs:

Persons having a special requirement (e.g. hearing or visual impairment, learning disability etc.) are encouraged to identify their need and provide documentation from Hamad Medical Corporation so that the application may be referred to Support Services.

☐ Yes ☐ No

Please provide details


In Case of Emergency, Please Contact:

Name: ___________________________ Relationship: ___________________________

Telephone Number: ___________________________ Mobile: ___________________________

Identification of Sponsorship:

Identify the Sponsoring – Ministry/Company/Group/Organization:


☐ I give consent to my sponsor to access my academic records.

I hereby authorize the College to have access to my academic records from any educational institution. I declare that I have completed this application accurately to the best of my knowledge and belief. I affirm that I will meet all of my financial obligations and will comply with all CNA-Q regulations.

______________________________  ________________________________
Signature of Applicant  Date