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

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**Full Name:**

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<th>First</th>
<th>Father</th>
<th>G.Father</th>
<th>Family</th>
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**Date of Birth:** YY / MM / DD  
**Gender:**  [ ] Male  [ ] Female

**Place of Birth (City/Country):** ______________________________

**National Identification Card Number:** ______________  **Nationality:** ______________________________

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**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:** ______________________________

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**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:** ______________________________

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**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.

_________________________________________    ___________________________  Date

Signature of Applicant
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