



Your Consulting Partner



Study Abroad Form For Student

CourseType	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Masters <input type="checkbox"/> Other				
Faculty	<input type="checkbox"/> Science <input type="checkbox"/> Arts <input type="checkbox"/> Other				
Sub-Course Type	<input type="checkbox"/> Engineering <input type="checkbox"/> Computer Sciences <input type="checkbox"/> Business Management <input type="checkbox"/> Medical <input type="checkbox"/> Others				
Country of Interest	<input type="checkbox"/> United States of America <input type="checkbox"/> United Kingdom <input type="checkbox"/> Canada <input type="checkbox"/> Australia <input type="checkbox"/> Others <input type="checkbox"/> As specified Separately				
Students Proposed University Choices	First Choice	<input type="text"/>			
	Second Choice	<input type="text"/>			
	Third Choice	<input type="text"/>			
Students Proposed Course	1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>		
Estimated Budgeted Expense Per Year	Tuition Fees	Accommodation	Cost of Living		
	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Applicant / Student Parent Information	Name & Email Address	Relationship with Student	Nationality	Country of Residence	Contact Number
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Email Address	Email Address 1		Email Address 2	
	<input type="text"/>	<input type="text"/>		<input type="text"/>	
Applicant / Student Information	Name	<input type="text"/>			Email:
					<input type="text"/>
					Contact Number
					<input type="text"/>
					Nationality
					<input type="text"/>
	Address	<input type="text"/>			
Personal Details	Date of Birth (DD/MM/YY)	Passport Number	Passport Issue Date	Passport Expiry Date	Education Level
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Authorization: I hereby authorize Finxpert International FZCO (hereafter referred as FI) to act as Consultant/Advisor for me/us, to proceed with the submission of application for admission on behalf of my child as per the above information and the submitted documents.

Undertaking & Declaration: I hereby undertake & declare that any changes subsequent to the information provided above will be notified to FI in writing by me/us and also confirm that FI will not be held responsible or liable under any circumstances whatsoever.

I further confirm and declare the following;

- a) All information given herein is true, accurate and complete.
- b) In case of any information is found to be false, untrue or misleading, I may be held personally liable for it.
- c) The Students Academic records have been submitted to FI and we give our full consent to FI to use the information provided with any third party(ies) for the purpose of seeking university admission for the applicant. We also understand that the Visa Approval/ Rejection is solely the discretion of the Regulatory Authorities and FI is not liable in any way whatsoever.
- d) It is understood that in order to proceed some personal information will be required and on which the General Data Protection Rules are applicable and FI will not be held responsible in any manner whatsoever.
- e) I hereby confirm that I will pay the required consultancy fees of FI as mutually agreed between us, which will be communicated to me via their Engagement letter after their review/assessment of the applicants documents, financial understanding and the initial discussion with regards to the academic needs and requirements.

I understand that FI is providing consultancy/advisory services and will only be processing my application. FI in no way responsible or liable under any circumstance if my application is rejected or disapproved by the authority.

Name: Date & Place: Signature _____

For Office Use Ref