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| ITU logo-07 | **ITU Arab Regional Programme for Smart Learning National Strategies: Third Workshop**  *Dubai-UAE, 27-28 November 2017* | | | | | ITU logo-07 |
| **Please return to:** | | **Planning, Budget and Administration (PBA) ITU/BDT Geneva (Switzerland)** | | **E-mail :** [**bdtfellowships@itu.int**](mailto:bdtfellowships@itu.int) **Tel: +41 22 730 5487 / 5095 Fax: +41 22 730 5778** | | |
| **Request for a FULL Fellowship to be submitted before 30 October. 2017** | | | | | | |
|  | | | Participation of women is encouraged | |  | |
| **Country**  **Name of the Administration or Organization**  **Mr. / Ms.**  **. (family name) (given name)**  **Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Tel.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **PASSPORT INFORMATION :**    **Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Nationality Passport number**      **Date of issue In (place) Valid until (date)** | | | | | | |
| **CONDITIONS** | | | | | | |
| **1. One full fellowship per eligible country.** | | | | | | |
| **2. A round trip airticket in economy class from country of origin to venue by the most direct & economical itinerary.** | | | | | | |
| **3. Reservation and Coverage of accommodation expenses** | | | | | | |
| **4. Imperative that fellows be present the first day/end of the Workshop.** | | | | | | |
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| **Signature of fellowship candidate Date** | | | | | | |
| **TO VALIDATE FELLOWSHIP REQUEST, NAME AND SIGNATURE OF CERTIFYING OFFICIAL DESIGNATING PARTICIPANT MUST BE COMPLETED BELOW WITH OFFICIAL STAMP*.***    **Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |