



*Embassy of the Arab Republic of Egypt  
Cultural and Educational Bureau in Washington*

**Enrollment/Change/Termination Request Form**

**Group Name:** Egyptian Cultural and Educational Bureau

**Group Number:** \_\_\_\_\_

**ECEB OFFICE USE ONLY:**

**Transaction Type (Enrollment/Change/Termination):** \_\_\_\_\_

**Effective Date of Transaction:** \_\_\_\_\_ **Termination Date of Transaction:** \_\_\_\_\_

**ID Number:** \_\_\_\_\_ **ECEB Signature:** \_\_\_\_\_

**Student Name:**

( ) ( ) ( )  
(Last) (First) (Middle)

**Date of Birth:** ( / / ) **Gender:** ( )  
mm dd yyyy

**Mailing Address:**

( ) ( ) ( )  
(Street Number) (Street Name) (Suite/Apartment #)  
( ) ( ) ( )  
(City) (State) (Zip Code)

**Email Address:** ( ) **Tel:** ( )

**Dependents Covered (Yes/No):** \_\_\_\_\_ **(ECEB only)**

**DEPENDENTS in the USA:**

<i>Filled by Applicant</i>						<i>ECEB Use</i>	
Last Name	First Name	Middle Name	Gender	Date of Birth mm/dd/yyyy	Relationship	Effective	Termination