**Kelsey Arabic Program – Preliminary Registration Request**

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| Date: | |  | |  | | | | |
| First Name: | |  | | Last Name: | |  | | |
| Nationality: | |  | | Age: | |  | | |
| Email: | |  | | | | Sex: | |  |
| Marital Status: | |  | | Name of Spouse: | |  | | |
| Name(s) of Children: | |  | | Age(s) of Children: | |  | | |
|  | |  | |  | |  | | |
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|  | |  | | |
| Will your spouse be studying with you? *(If yes, please include an additional application for your spouse)* | | | | | |  | | |
| Home country phone number(s):  *(Please include country code + area code)* | | |  | | |  | | |
| Home country address: | | |  | | | | | |
| Embassy Responsible for you in Jordan: | | |  | | |  | | |
| Mark the semester you want to begin study *(please check one)*: | | | | | | | | |
| Fall 2025 Spring 2025 Summer 2025 Fall 2026 Spring 2026 | | | | | | | | |
| Previous study/exposure to Arabic? If this is the case, please give details. | | |  | | | | | |
| Name of personal contact in Amman: | | | First: | |  | Last: |  | |
| Phone number: |  | | Email: | |  | | | |
| Any special considerations? | | |  | | | | | |

Your place in the program cannot be guaranteed unless your request arrives in the program office a month prior to registration day.

Thank you. We will consider your request, and, if approved, you will be sent a fuller application shortly.