**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: |  |
|  |  |  |  |
|  |  |
|  |  |
| 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.