## **Kelsey Arabic Program – Preliminary Registration Request**

| 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 stud   | ves, please  | e include an |                     |       |  |
| additional application f   | -            |              |                     |       |  |
| 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):          |              |              |                     |       |  |
| Spring 2026  Fall 2026  Spring 2027  Fall 2027  Spring 2028  Fall 2028 |              |              |                     |       |  |
|  |              |              |                     |       |  |
| Previous study/exposure  |              |              |                     |       |  |
| is the case, please give details.                                      |              |              |                     |       |  |
|  |              |              |                     |       |  |
| Name of personal conta   | ct 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.