



ADMISSION APPLICATION 2009 - 2010 ARABIC LANGUAGE INSTITUTE

Do not use this application for undergraduate, graduate or study-abroad programs

The application form must be typed or printed clearly using black ink. Check all appropriate boxes. In addition to this form, applicants must complete the attached International Student Data Form.

I. BIOGRAPHICAL INFORMATION (please write your name as it appears on your passport)

Name: _____

First

Middle

Last

Citizenship: _____ Second citizenship (if dual national): _____

National ID or SSN: _____ Passport number: _____

Gender: Male Female What is your first language? _____

Birth date: ____/____/____ Place of birth: _____

Month/Day/Year

Country

City

Area/State/Province

Occupation: _____ Employer's name and address: _____

Marital status: Single Married

Will your spouse or children accompany you? Yes No If yes, answer the following questions:

Spouse's name: _____

First

Middle

Last

Spouse's nationality: _____ Spouse's first language: _____

Do you plan to: find your own housing live in AUC's student housing

If you selected student housing, an application will be forwarded to you with the acceptance letter.

If you are subject to U.S. income tax, do you claim yourself as a dependent? Yes No

If not, who claims you? _____ The taxpayer ID: ____-____-____ If not parent or guardian named above, provide person's name, address, telephone number and e-mail: _____

II. ADDRESS INFORMATION

Current Address (valid until _____) Permanent Address (leave blank if same as current)

City/State: _____ City/State: _____

Postal/Zip code: _____ Country: _____ Postal/Zip code: _____ Country: _____

Telephone: _____ Telephone: _____

Mobile phone: _____ Mobile phone: _____

Fax: _____ Fax: _____

E-mail: _____ E-mail: _____

III. EMERGENCY CONTACT INFORMATION

Full name: _____ Relationship: _____

Permanent address (if different than applicant)

City/State: _____ Postal/Zip code: _____ Country: _____

Telephone: _____ Mobile phone: _____

Fax: _____ E-mail: _____

Is this person an AUC Alum? _____ Graduation year _____ Faculty or staff? _____



IV. SPONSOR INFORMATION (complete this section if you are financially sponsored by an organization or school)

Organization: _____ Contact name: _____

Address: _____

City/State: _____ Postal/Zip code: _____ Country: _____

Telephone: _____ Mobile phone: _____

Fax: _____ E-mail: _____

Does your sponsor wish to be billed directly by the university? Yes No If yes, please note that payment must arrive at the university prior to the beginning of your classes. Attach official confirmation from sponsor.

V. ACADEMIC PLANS

Plan to enroll: Full academic year One semester only

Starting: Fall 20__ Spring 20__ Summer 20__

If you will attend the academic year or the summer session, indicate your concentration:

Combination of Modern Standard Arabic (MSA) and Egyptian Colloquial Arabic MSA only

In addition to the basic courses, if the following courses were offered at your level, which would you be most interested in taking?

Rank the following courses. Assign the number 1 to your highest priority and 14 to your lowest priority.

- _ Arabic of the Written News Media
- _ Quran
- _ Medieval Arabic
- _ Aural Media
- _ Composition
- _ Translation
- _ Spoken *Fusha* (MSA)
- _ Business Arabic
- _ Egyptian Economy
- _ Modern 20th Century Literature
- _ Political Texts
- _ Other courses _____

VI. SCHOOL AND UNIVERSITY INFORMATION

Prior AUC Experience

Have you previously applied for admission to AUC? Yes No If yes: Term: _____ Year: _____

Have you previously enrolled in classes at AUC? Yes No If yes: Term: _____ Year: _____

What was your AUC applicant/student identification number? _____

Colleges, Universities and Schools Attended

School Name	City, State and Country	Begin and End Dates	Major	Language	Degree and Diploma Awarded

Academic Status: Graduate Undergraduate Other Explain: _____

Work and Military Experience

Company and Military Branch	City	State and Country	Position and Rank	Begin and End Dates

VII. HEALTH INFORMATION

Have you had any serious physical or mental illness? _____ If yes, explain _____

Do you take prescription medication on a regular basis? ____ Name medications _____

For the protection of the student and the university, applicants are required to undergo, after admission but before enrollment, a complete physical examination by a medical doctor including laboratory results from a recent HIV antibodies test. If you wish to advise us of any physical or mental challenge, please do so, as AUC is an equal opportunity university and aims to reasonably accommodate students with any such challenges.

VIII. LANGUAGE BACKGROUND

Have you studied literary or Modern Standard Arabic? Yes No

If yes, when? _____ Where? _____ How many lessons? _____

How many hours per week? _____

What textbooks did you use? _____

Have you studied colloquial Arabic? Yes No If yes, what dialect? _____

When? _____ Where? _____ For how long? _____

How many hours per week? _____

What textbooks did you use? _____

List all other languages with which you are familiar. Indicate your ability as fluent, excellent, good, fair or poor.

Language	Speaking Ability	Reading Ability	Writing Ability

IX. LETTER OF RECOMMENDATION

At least one confidential letter of recommendation is required, except in the case of persons sponsored by companies or institutions when a letter from such company or institution will suffice. Please name your references below.

Name	Title	Company or Organization

X. TRAVEL IN THE ARAB WORLD

Describe your travel in the Arabic-speaking world

Country	Year	Length of Stay	Nature of Visit

XI. ADDITIONAL INFORMATION

How did you first learn about the Arabic Language Institute (ALI)?

What things do you find most attractive about ALI and AUC?

1- _____ 2- _____

3- _____ 4- _____

What other Arabic-language programs or schools are you considering?

1- _____ 2- _____

3- _____ 4- _____

XII. PERSONAL STATEMENT

Please write a concise personal statement of 250 words or less indicating your reasons for wanting to study at AUC's Arabic Language Institute in Cairo. You must use this sheet for your response. It may be written by hand, typed, or prepared and printed on a computer.

XIII.

The information I have provided is complete and correct. I understand the financial information provided to me and will act responsibly to meet my payment obligations.

Signature of applicant _____
Date

Signature of parent or
legal guardian (required
if applicant is under 21) _____
Date

DEADLINES

Semester	Deadline for submitting the application	Deadline for receiving reservation fee	Deadline for receiving full payment
Fall	March 1	May 1	July 1
Spring	September 15	November 1	December 1
Summer	January 1	March 1	April 1



INTERNATIONAL STUDENT DATA FORM (Non-Egyptians Only)

Complete and submit this form with your admission application and any required supplemental documents. Enclose a copy of the pages of your passport that include your name, photo, and passport issue and expiration dates, as well as any previous and current Egyptian visas. Student data forms received without passport copies will be placed on hold until the pages are received. Please type or print clearly.

I. BIOGRAPHICAL INFORMATION

Full name (as it appears on your passport): _____

Male Female

Permanent Address:

Street: _____

District: _____ Apt.: _____

City: _____ State/Region/Province: _____

Postal/Zip code: _____ Country: _____

Nationality: _____ (Must match with the nationality stated on the passport you are going to use upon entering Egypt)

Second nationality (if dual national): _____ Religion: _____

Address in Egypt (if available): _____

E-mail: _____ Tel: _____ Fax: _____

II. PASSPORT INFORMATION

Passport number: _____ Date issued: _____ Expiration date: _____
Month/Day/Year Month/Day/Year

City and country issued: _____

Date of birth: _____ Country of birth: _____
Month/Day/Year

III. AUC PROGRAM INFORMATION

Intended program at AUC: Bachelor's degree Study abroad Non-degree ALI

Intended major at AUC: _____

Period of study at AUC: Beginning date: _____ Ending date: _____
Month/Day/Year Month/Day/Year

IV. EDUCATIONAL BACKGROUND

Last educational degree, diploma or certificate awarded: _____

School name: _____

School location: City _____ State or province _____ Country _____

Have you previously studied in Egypt? Yes No

V. CERTIFICATION

Signature of applicant: _____ Date: _____

- The approval of student visas requires four to six weeks after receiving the form. AUC is not responsible if an individual is denied a visa for any reason by the Egyptian government.
- Declaring a different nationality than the one indicated on your passport will delay the procedures of your student residence visa.
- **Upon arrival in Egypt, please read the student residence visa information accurately so as not to be liable to any late fees or fines.**







INSTRUCTIONS FOR APPLYING TO THE INTENSIVE ARABIC LANGUAGE PROGRAM

You must complete and submit the following documents to be considered for admission

1. Completed and signed admission application
2. Personal statement of 250 words or less that explains your reasons for wanting to study Arabic
3. One letter of recommendation (company-sponsored applicants exempted)
4. If you are currently enrolled in a university, you must submit an official university transcript
5. Completed and signed International Student Data Form (non-Egyptians only)
6. Copy of passport pages that include your photo, full name, nationality, passport number, and passport issue and expiration dates, as well as any Egyptian visas previously issued
7. Two recent passport photographs (print your full name on the back of each)
8. Non-native English speakers must submit demonstrated ability to read, write and speak English. Although your instruction will be primarily in Arabic, the American University in Cairo is an English-speaking institution. Therefore, you must be able to read and write in English to study at the Arabic Language Institute
9. Please submit your application and all supporting documentation to the Student Service Center

Note: No application fee is required.

No academic transcripts are required except if you are currently enrolled in a university.

Incomplete applications will not be considered.

You must submit the following to the university before you can register:

1. Proof of health and accident insurance, which includes medical evacuation (non-Egyptians only)
2. Results of a recent comprehensive medical examination by a physician
3. Recent HIV antibodies test results (non-Egyptians only)
4. Reservation fee of \$250 per semester. This amount will be held until the end of the semester against withdrawal from the program and unpaid charges that may remain on the student's account

Visas

To enter Egypt, you must obtain a tourist visa from the Egyptian government. These may be obtained at any Egyptian embassy or consulate. After registration in Cairo at AUC for full-time enrollment, international students will apply for a student visa. This second visa requires a security check by the Egyptian government that can take four to six weeks. To speed up the process, we ask you to return the International Student Data Form and a photocopy of your passport information page at the time you apply for admission. AUC is not responsible for the denial of a tourist or student visa for any reason by the Egyptian government.



FOR MORE INFORMATION OR TO SEND YOUR APPLICATION, MAIL TO:

Outside North or South America

The American University in Cairo
Office of Enrollment and Student Service Center
113 Kasr El Aini Street, P.O. Box 2511
Cairo 11511, Egypt
tel 20.2.2797.5757
fax 20.2.2794.4728
e-mail enrolauc@aucegypt.edu

North or South America

The American University in Cairo
Office of Student Affairs
420 Fifth Avenue, Third Floor
New York, NY 10018-2729
tel 212.730.8800
fax 212.730.1600
e-mail aucegypt@aucnyo.edu

You can apply for admission on AUC's Web site at

www.aucegypt.edu