



ARABIC PROGRAM: EVENING COURSE ENROLLMENT APPLICATION

SEMESTER YOU ARE APPLYING FOR: FALL SPRING YEAR: _____

PERSONAL INFORMATION:

Name (Last) (First) (Middle Initial) (Preferred Name)

Current Address

City State Zip Code

Phone (Home) (Work) E-mail Address

PERMANENT ADDRESS (If different from above)

Address City State Zip Code

DATE OF BIRTH _____ AMERICAN CITIZEN: Yes No _____
(If not, which country)?

EDUCATIONAL BACKGROUND:

Highest level completed City/State Date of Graduation

Have you ever studied a modern foreign language before? Yes No Language(s) studied _____

If yes, how would you characterize your fluency? Language: _____ excellent good fair poor

Language: _____ excellent good fair poor

PLEASE RETURN THIS APPLICATION TO:

ISLC

P.O. Box 212667

Columbia, S.C. 29221-2667

(800) 799-7976 (803) 333-9119 Fax: (803) 333-9117 islcoffice@strategiclanguages.org www.strategiclanguages.org

* Print name of Applicant or Legal Guardian *Signature of Applicant or Legal Guardian Date

*** If applicant is under 18 a parent or legal guardian must sign above**

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