

ALIPH Application for Student Admission: *EVENING COURSES*

Student Information

Full Legal Name: _____
First Middle Last

Preferred Name/Nickname: _____ Date of Birth: _____

Gender: ☐ Male ☐ Female Age: _____ Marital Status: ☐ Single ☐ Married

Home Phone: _____ Cell Phone: _____

Email: _____

Street Address: _____

City, State & Zip: _____

Employer: _____ Position: _____

Work Phone: _____

Emergency Contact: _____
(Name) (Cell Phone)

(Relationship) (Email)

Financial Responsibility

Name of person responsible for tuition and fees if other than self:

(Name) (Relationship)

Street Address: _____

Cell Phone: _____ Email: _____

Employer: _____ Work Phone: _____

Knowledge Assessment Questionnaire

Highest Degree Reached: _____

Please check all boxes that apply to your proficiency in the Arabic language. I know how to:

- | | | |
|--|--|---|
| <input type="checkbox"/> identify the letters | <input type="checkbox"/> read words | <input type="checkbox"/> read sentences |
| <input type="checkbox"/> write words | <input type="checkbox"/> write sentences | <input type="checkbox"/> write paragraphs |
| <input type="checkbox"/> understand some words | <input type="checkbox"/> understand sentences | <input type="checkbox"/> understand stories |
| <input type="checkbox"/> say basic words | <input type="checkbox"/> converse about myself | <input type="checkbox"/> express myself with ease |

Course Selection

Please check the semester for which you are applying:

- ☐ Fall (9/9/19-12/19/19) ☐ Spring (1/20/20-4/30/20) ☐ Summer (6/15/20-8/6/20)

After submitting your application, you will be contacted & assessed to determine your level placement (level 1/2/3). Please check your preferred class days (class days are not guaranteed and will be scheduled based on demand):

- ☐ Mon & Wed (6:00p-7:30p) ☐ Tues & Thurs (6:00p-7:30p) ☐ No preference

**Start and end times of class may vary during the year to account for prayer times*

I certify that the information contained in this application is true.

Print name: _____

Signature: _____

Date: _____

Please email application to aliph@meritsofislam.org or mail to our office address below.