



Pontificio Istituto di Studi Arabi e d' Islamistica

PRE-REGISTRATION FORM (TO BE FILLED IN CAPITAL LETTERS)

SURNAME _____

GIVEN NAMES _____

DIOCESE, REL. CONGREGATION, OTHERS _____

PERMANENT ADDRESS _____

ADDRESS IN ROME _____

Tel.: _____ Mob.: _____

E-mail: _____ Fax: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

NATIONALITY: _____ MOTHER TONGUE: _____

OTHER LANGUAGES SPOKEN: _____

SECONDARY SCHOOL: Years _____ Diploma: _____

UNIVERSITY STUDIES: Years _____ Diploma: _____

ECCLESIASTICAL STUDIES: Years: _____ Diploma: _____

PREVIOUS STUDIES OF ARABIC & ISLAMICS: _____

Place: _____ Years: _____ Diploma: _____

I wish to be enrolled as a **Full-time** student for the Academic Year: _____

- Introductory Year: _____
- First Year of Licentiate: _____
- Second Year of Licentiate: _____
- Doctorate: _____
- Classical Arabic Language – Basic Level _____
- Classical Arabic Language – Intermediate Level _____

I wish to be enrolled as a **Part-time** student for the Academic Year: _____

- Islamic Studies – First Level: _____
- Islamic Studies – Second Level: _____

I take the engagement in respecting the conditions for admission and mandatory attendance to the lessons.

Signature & Date _____