



Photograph
(Please attach)

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Application Form for 2009 entry

If you would like additional information or help filling in this form please contact the Admission Department on 020 8908 1525, or: 07727086646.
Please complete all information in black ink in **block CAPITALS**

1. Personal Information

First Name											
Surname											
Date of Birth						Country of birth					
Gender:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>							
Home address											
Postcode						City & Country					
Telephone						Mobile No.					
Fax No.						E-mail					

2. Educational and Academic Information

A. Understanding of Languages:

The Language	Level of Understanding								
	Speaking			Reading			Writing		
	V.Good	Good	Poor	V.Good	Good	Poor	V.Good	Good	Poor
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arabic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ()	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ()	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. The last Qualification obtained

Institute's or School Name											
Institute's or School Address											
Postcode						City & Country					
Results						Qualification					
Dates Attended	/ /					Date Graduated	/ /				

3. Course Specifications

What do you prefer?

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Full-Time course | <input type="checkbox"/> Part-Time course | <input type="checkbox"/> 10-week course | <input type="checkbox"/> 5-week course |
| <input type="checkbox"/> Qur'anic Arabic | <input type="checkbox"/> Modern Standard Arabic | <input type="checkbox"/> General course | <input type="checkbox"/> Individually tailored course |

If you prefer **Qur'anic Arabic**, what kind of course and Which level do you want to apply for?

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> General package | <input type="checkbox"/> Focusing on reading | <input type="checkbox"/> Focusing on speaking | <input type="checkbox"/> The flowing sciences: |
| <input type="checkbox"/> Morphology (Sarf) | <input type="checkbox"/> Syntax (Nahw) | <input type="checkbox"/> Philology (Lughah) | <input type="checkbox"/> Rhetoric (Balaghah) |
| <input type="checkbox"/> Beginner | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Proficiency |

Any explanation or statement?

If you prefer **Modern Standard Arabic**, what kind of course and Which level do you want to apply for?

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> General package | <input type="checkbox"/> Focusing on reading | <input type="checkbox"/> Focusing on writing | <input type="checkbox"/> Focusing on speaking |
| <input type="checkbox"/> Beginner | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced | <input type="checkbox"/> Proficiency |

Any explanation or statement?

How did you hear about QCAS?

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> Poster | <input type="checkbox"/> Internet | <input type="checkbox"/> Friend | <input type="checkbox"/> Other () |
|---------------------------------|-----------------------------------|---------------------------------|------------------------------------|

What are your goals of joining QCAS and what are your future plans?

Declaration and Signature

I have completed all sections of this application and believe the information provided to be true to the best of my knowledge. I hereby acknowledge that my acceptance at the QCAS is subject to QCAS's standard terms and conditions of admission.

Signature of applicant

Date

____/____/____

For Official use only

Date of Receiving _____ / _____ / _____

Date of Interviewing _____ / _____ / _____

Date of Acceptance _____ / _____ / _____

Level _____

Registrar's Name & Signature _____

Signature of the Director _____

Please return this form to: Admission Department
al-QUDS CENTRE for ARABIC STUDIES
856-858 Harrow Road,
Wembley,
London HA0 2PX