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PERSONAL INFORMATION

FULL NAME:
DATE OF BIRTH (DAY / MONTH / YEAR):
PLACE OF BIRTH (CITY / COUNTRY):
GENDER:
MARITAL STATUS:
NATIONALITY:
NATIVE LANGUAGE:
OCCUPATION:

ADDRESS

HOME ADDRESS:
TELEPHONE:
E-MAIL:

PASSPORT AND VISA INFORMATION

PASSPORT NUMBER:
DO YOU INTEND TO APPLY FOR AN EXTENDED-STAY VISA?

Please Note: extended-stay visas can be obtained once in Morocco and are necessary if you are planning a stay of longer than three months.

EMERGENCY CONTACT INFORMATION

FULL NAME:

RELATIONSHIP:

ADDRESS:

TELEPHONE:

E-MAIL:

EDUCATIONAL BACKGROUND

INSTITUTION:

DEGREE:

YEARS ENROLLED:

PROGRAMME

COURSE:

Please specify if you would like your course to be private.

DATE:

PLEASE LIST THE SUPPLEMENTARY CLASSES IN WHICH YOU ARE INTERESTED:

ARABIC BACKGROUND

HAVE YOU EVER STUDIED ARABIC BEFORE?

If yes, please complete the following questions.

WHAT CLASSES HAVE YOU TAKEN?

Please specify the course level, primary textbook, institution and date.

PLEASE ASSESS YOUR SPEAKING, READING, WRITING AND LISTENING SKILLS:

GOALS

WHAT DO YOU HOPE TO ACHIEVE WHILE STUDYING WITH US?

OTHER

HOW DID YOU LEARN ABOUT SUBUL ASSALAM CENTRE FOR THE ARABIC LANGUAGE?

DO YOU HAVE ANY MEDICAL CONDITIONS OR SPECIAL NEEDS?

IS THERE ANYTHING ELSE WE SHOULD KNOW ABOUT YOU?

WE LOOK FORWARD TO WELCOMING YOU TO OUR SCHOOL!