

Summer Arabic Course Application Form

NAME _____

ADDRESS _____

PHONE NUMBERS (HOME & CELL) _____

EMAIL ADDRESS _____

SOCIAL SECURITY OR PASSPORT NUMBER _____

PLACE OF BIRTH (City, State, Country) _____

DATE OF BIRTH _____

NAME OF COLLEGE OR Employer _____

NAME AND EMAIL ADDRESS OF ADVISER _____

LEVEL OF FAMILIARITY WITH THE LANGUAGE _____ BEGINNERS _____ INTERMEDIATE

MAIL TO: Gayane Manukyan
The Osgood Center for International Studies
1740 Massachusetts Ave., NW
Washington, DC 20036

OR EMAIL TO: Gayane Manukyan gmanukyan@osgoodcenter.org
(Please title e-mail "Arabic Course, Your Last Name")

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