



COURSE REGISTRATION FORM

A. Personal Information

Name				
Address				
Telephone	House		H/phone	
Email			D.O.B	
Occupation			Gender	
Company				

B. Arabic Proficiency Information

Past study: please give brief details on your Arabic proficiency and any Arabic studies you have undertaken				
Course		Institution		
Year		Country	Duration	
Speaking	Understanding	Reading	Writing	
Please rate: Poor Fair Good Very good Advanced				

C. Course Information

Please tick the level you want to register for					
Basic Arabic	Intermediate Arabic		Higher Arabic		
Conversation Club	Arabic for Children		Arabic for University		
Arabic for Islamic Studies	Tourism Arabic		Business Arabic		
Please tick the package you want to register for					
Individual	Family	Group	Corporate	Children	Private

D. Class Preference

Please indicate your preferred class day and time (circle where necessary)									
Commencement date				Time	Morning	Afternoon	Evening		
No of days per week		Preferred days	Mon	Tue	Wed	Thu	Fri	Sat	Sun

E. Reference Information

Please tick the appropriate box to indicate how you heard about Arab Academy Malaysia:			
Internet	Brochure	Banner/Bunting	Friends/Family
Others (Please indicate)			

F. Declaration

I accept the term and conditions for registering for classes at Arab Academy Malaysia. By registering I agree to pay the course fees in full*. I understand the fees are non refundable should I decide to withdraw from the course.				
Sign			Date	

* Full course and material fees must be paid for the whole level.