



Pontificio Istituto di Studi Arabi e d' Islamistica

المعهد البابوي للدراسات العربية والإسلامية

**APPLICATION FORM (please use CAPITAL letters)**

MATRICULATION NUMBER: \_\_\_\_\_

LAST NAME (as on passport): \_\_\_\_\_

FIRST NAME(S) (as on passport): \_\_\_\_\_

DIOCESE OR RELIGIOUS CONGREGATION (if applicable): \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

ADDRESS IN ROME: \_\_\_\_\_

Tel.: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

ITALIAN TAX CODE (*codice fiscale*): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_ FIRST LANGUAGE: \_\_\_\_\_

OTHER LANGUAGES STUDIED: \_\_\_\_\_

**UNIVERSITY AND/OR ECCLESIASTICAL STUDIES:**

College/University/Seminary: \_\_\_\_\_

Years: \_\_\_\_\_/\_\_\_\_\_ Diploma: \_\_\_\_\_

College/University/Seminary: \_\_\_\_\_

Years: \_\_\_\_\_/\_\_\_\_\_ Diploma: \_\_\_\_\_

College/University/Seminary: \_\_\_\_\_

Years: \_\_\_\_\_/\_\_\_\_\_ Diploma: \_\_\_\_\_

**PREVIOUS STUDIES OF ARABIC & ISLAMICS:**

Place: \_\_\_\_\_ Period: \_\_\_\_\_

Certificate/Diploma: \_\_\_\_\_

Place: \_\_\_\_\_ Period: \_\_\_\_\_

Certificate/Diploma: \_\_\_\_\_

I wish to be enrolled as a doctoral student for the Solar Year: \_\_\_\_\_ / \_\_\_\_\_

- Doctorate

I wish to be enrolled as a **full-time** student for the Academic Year: \_\_\_\_\_ / \_\_\_\_\_

- Introductory Year
- 1st Year Licentiate
- 2nd Year Licentiate

I wish to be enrolled as a **part-time** student for the Academic Year: \_\_\_\_\_ / \_\_\_\_\_

- Islamic Studies – Level 1
- Islamic Studies – Level 2
- Islamic Studies – Level 3

I wish to be enrolled as a **part-time** student during the Academic Year \_\_\_\_\_ / \_\_\_\_\_ for the following individual courses:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### **DECLARATION**

I confirm that the information given on this form is true, complete and accurate and that no information requested or other significant information has been omitted. I give my consent to the processing of my data (in accordance with the D.Lgs 196/2003 – Italian Code on personal data) by the PISAI. If any information provided is subsequently found to be false, I accept that the PISAI has the right to cancel my application. Furthermore, I declare that I will conform to the Statutes and Regulations of the PISAI.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### **For Official Use Only**

One-off Payment: \_\_\_\_\_

First Instalment Payment: \_\_\_\_\_

Second Instalment Payment: \_\_\_\_\_