

**AL AKHAWAYN UNIVERSITY PRE-SESSION IN RABAT
Spring 2010 Pre-Registration Form**

Name of Student: _____

Home Institution: _____

Birth Date: _____ Gender: _____ Email: _____

Arabic Language Study Prior to Pre-Session (if any):

Fees will be paid by: _____ Student _____ Institution.

Please indicate the billing contact below (whether student or institutional depending on who will be paying the fees):

Name _____

Address _____

City _____ State _____ Zip Code _____

Email _____

Phone _____ Fax _____