



The University of Texas at Austin, Department of Middle Eastern Studies
ARABIC FLAGSHIP PROGRAM APPLICATION FOR ADMISSION, SUMMER/FALL 2011

I – PERSONAL INFORMATION

NAME (English): _____ EID: _____

NAME (Arabic): _____

CURRENT ADDRESS: _____
street number street apartment

city state zip code

PHONE NUMBER(S): (____) _____ - _____ (____) _____ - _____

EMAIL ADDRESS: _____

RESIDENCY: TX resident non-resident foreign

CITIZENSHIP: US citizen non-citizen permanent resident

II – ACADEMIC INFORMATION

INSTITUTION OF CURRENT ENROLLMENT: _____

YEAR OF STUDY: Incoming Freshman Sophomore Junior Senior

MAJOR(S)/MINOR(S): _____

GPA: _____

HAVE YOU EVER ATTENDED THE ARABIC SUMMER INSTITUTE?: Yes No

IF YES, WHEN? _____

ARE YOU APPLYING TO THE 2012 ARABIC SUMMER INSTITUTE?: Yes No

III – LANGUAGE STUDY

LIST ALL ARABIC LANGUAGE COURSES IN WHICH YOU ARE CURRENTLY ENROLLED:

COURSE	HOURS/WEEK	NO. OF WEEKS	INSTITUTION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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III – LANGUAGE STUDY (CONT'D)

LIST ALL ARABIC COURSES WHICH YOU HAVE PREVIOUSLY COMPLETED:

COURSE	HOURS/WEEK	NO. OF WEEKS	INSTITUTION	YEAR

LIST ALL ARABIC LANGUAGE TEXTBOOKS USED AND THE UNITS/CHAPTERS COVERED IN THE COURSE OF YOUR ARABIC STUDIES:

LIST MIDDLE EASTERN COUNTRIES VISITED, PURPOSE OF THE VISIT (travel, education, etc.), AND YEAR/DURATION:

COUNTRY	PURPOSE	YEAR/DURATION

LIST OTHER LANGUAGES STUDIED AND RESPECTIVE LEVELS OF PROFICIENCY:

LANGUAGE	LEVEL			
_____	<input type="checkbox"/> Intermediate	<input type="checkbox"/> High Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Native speaker
_____	<input type="checkbox"/> Intermediate	<input type="checkbox"/> High Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Native speaker
_____	<input type="checkbox"/> Intermediate	<input type="checkbox"/> High Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Native speaker

MARK THE STATEMENTS BELOW THAT APPLY TO YOU:

- I speak Arabic at home (list dialect): _____
- My parents are originally from an Arabic-speaking country.
- I have undertaken religious instruction (Quranic studies) in Arabic.

IV – STATEMENT OF PURPOSE

Please attach a typed statement of no more than 500 words explaining your immediate academic objectives and your long-term professional goals. Discuss how Arabic fits into your academic and career plans and explain what makes you prepared to and capable of reaching Superior proficiency in Arabic.



VI – APPLICATION INSTRUCTIONS

A complete application for the Arabic Flagship Program will include:

- Application form
- Statement of purpose
- Instructor recommendation waiver and form (pp. 4-6)
- UT transcript

DEADLINES: Fall March 1 (first round); August 1 (second round)
 Spring November 1

Submit all materials by 5pm on the due date to:

Jordan Bellquist
Arabic Flagship Program
Department of Middle Eastern Studies
WMB 1.110

Postal address:

Arabic Flagship Program
University of Texas at Austin
1 University Station F9400
Austin, TX 78712

Questions? Jordan Bellquist
 jbellquist@austin.utexas.edu
 512-471-9950

VII – INSTRUCTOR RECOMMENDATION FORM

NAME: _____

EID: _____

TO THE STUDENT:

Complete the information below and provide this form to an academic reference of your choosing. The reference should be an instructor who is familiar with your performance in *Arabic*, has judged your academic abilities, and has awarded you a grade in a foreign language course. Your reference should complete the Teacher Recommendation Form below and return it to you in a sealed envelope with his/her signature across the seal. If you are not a student, please consult the AFP program coordinator regarding options for references.

OPTIONAL: *I hereby waive any rights of access to this recommendation under the Family Educational Rights and Privacy Act of 1974, University of Texas at Austin policy, or any other law, or regulation. I understand that the Arabic Flagship Program does not require me to execute this waiver and is willing to review my application whether or not I sign it.*

Signature

Date

TO THE RESPONDENT:

The University of Texas at Austin’s Arabic Flagship Program offers a comprehensive Arabic language and culture program designed to help students develop Superior proficiency while pursuing an undergraduate degree in a major of their choice. Entry to this program is highly competitive, and students who are accepted are eligible for merit-based financial awards.

The AFP selection committee will consider the following criteria, among others, in making admissions decisions: Arabic proficiency, instructor recommendation, and the ways in which a student will add to the depth and diversity of the AFP.

This program is appropriate for students with the ambition, commitment, and intellectual promise to pursue a Middle East-related profession. Accepted students will benefit from the academic excellence and opportunities offered through this program.

RECOMMENDATION OF THIS APPLICANT FOR ARABIC FLAGSHIP PROGRAM ADMISSION:

- Strongly recommend
- Generally recommend
- Recommend with reservations (explain below):
- Do not recommend (explain below):

PLEASE RATE THIS APPLICANT ON THE FOLLOWING MEASURES (10 = a student in the top 5% of students you have ever taught):

	Low									High
Motivation / commitment		2	3	4	5	6	7	8	9	10
Class participation.....		2	3	4	5	6	7	8	9	10
Performance on homework		2	3	4	5	6	7	8	9	10
Attendance and attitude.....		2	3	4	5	6	7	8	9	10
Speed of learning new concepts.....		2	3	4	5	6	7	8	9	10
Current skill in Arabic		2	3	4	5	6	7	8	9	10
Language learning aptitude.....		2	3	4	5	6	7	8	9	10



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BASED ON CLASS PERFORMANCE, APTITUDE, DRIVE, AND SKILLS, HOW LIKELY IS IT THAT THIS APPLICANT WILL REACH SUPERIOR PROFICIENCY OR BETTER IN ARABIC:

Certainly Highly Likely Possibly Unsure Not Likely

PLEASE ATTACH A LETTER OF RECOMMENDATION ELABORATING ON THE RATINGS ABOVE AND ANSWERING THE FOLLOWING QUESTIONS:

- Why do you feel this applicant will or will not be able to reach Superior proficiency in Arabic?
- What differentiates this student from the average hard-working student in your class?
- What other factors should the selection committee take into account in evaluating this applicant?

NAME: _____

TITLE: _____

SIGNATURE: _____

DATE: _____
