



## **Summer Intensive Language Program in Jordan** **(June 9 – July 19, 2013)**

### **APPLICATION FORM**

The **National Council on U.S.-Arab Relations (NCUSAR)**, in collaboration with **Afkar Academy**, is pleased to announce its **2013 Summer Intensive Arabic Program** to be held at Yarmouk University, Jordan, from June 9 to July 19, 2013. Students will spend *six weeks* in the historic city of Irbid taking part in intensive Arabic language study.

#### **Program details:**

This program is ideal for students seeking to further their proficiency in Arabic language and exposure to Arab culture. Students enrolling in this program should be able to obtain the equivalent of 6 college level credit hours in Arabic. Students who have finished one year of Arabic study or more are especially encouraged to apply. While the Program accepts applications from students with no prior knowledge of Arabic, priority will be given to students who have previous exposure to Arabic language and culture.

The 2013 Summer Intensive Arabic Program in Jordan includes:

1. On-site orientation. Orientation will be held on June 6, 2013 (9:00 – 3:00).
2. 16 in-class contact hours of Arabic language instruction per week for six weeks.
3. 10 hours weekly with language partners in small groups to practice learned material and learn survival Jordanian Arabic.
4. Cultural activities including movies, guest speakers, and student's choice of folkloric music, mosaic, or calligraphy.
5. Access to University computer lab and internet service.
6. Field trips to historical sites: 3 one-day trips and one weekend trip to Petra, Wadi Rum, and Aqaba.
7. Access to Yarmouk University library, student services, and sports complex.
8. Basic health coverage that applies to regular Yarmouk University students.
9. Furnished apartments in University Street, across from the Yarmouk University Language Center. Cable internet connection is provided free. Double occupancy is included in the program fees.
10. Program resident director who will oversee teaching and logistics.



## National Council on U.S.-Arab Relations

1730 M St., NW, Suite 503, Washington, DC 20036  
Phone: 1-202-293-6466 | Fax: 1-202-293-7770  
www.ncusar.org



## Afkar Academy

Irbid, Jordan  
www.afkaracademy.com

**Program Cost:** The program fee is \$4,900.00. The fee includes the following.

1. Housing (double occupancy) and Tuition (6 credit hours).
2. 10 hours per week with language partners.
3. Cultural activities.
4. Program trips.
5. For single-occupancy rooms, \$400 will be added to the program cost.

### **Eligibility:**

All applicants must be enrolled in an accredited college or university in the United States, and must be in good academic standing. Eligible students will be required to complete the application process described below. **Applications are due May 1, 2013.**

## Program Location

*Irbid is located 45 miles north of Amman. It has a population of almost one million people, second only to Amman. Irbid is surrounded by a number of smaller towns and villages that it becomes not easy to draw its borders. Driving either direction away from the downtown, one will come across a beautiful mosaic of different little communities where urban and rural life-styles mix in stunning beauty. Irbid is home to 4 universities: Yarmouk University, Jordan University of Science and Technology, Irbid Private University and Jadara University. This creates a lot of diversity in its culture. University Street in Irbid is home to thousands of Arab and international students who attend these universities and live in Irbid during school time. Recent excavations show that Irbid dates back to 2500 B.C. While it maintains its heritage, Irbid is rapidly growing into a modern city with a full scale of services. University Street is abundant with internet cafés, different restaurants offering local, regional and international cuisine, including several American food chains. This street is also home to different shopping malls that offer many types of goods and entertainment.*

*Weather in Irbid is moderate and dry during summer time. At an average high of 85 F during the day and 65 F at night and a lot of sunshine, Irbid is an ideal place to spend the summer.*

*Within half an hour from Irbid, visitors have access to different ancient attractions. Jerash and Ajloun are only half an hour drive to the South; Jadara is half an hour to the west of Irbid.*





**A completed Language Program Application includes the following items:**

- 1) A résumé or curriculum vitae.**
- 2) A current official transcript.** Please use an official transcript provided by your college or university. Official transcripts may be mailed directly by the applicant's college or university, or mailed by the applicant if sealed by the appropriate college or university authority.
- 3) An essay of no more than 500 words** addressing the following topic:  
"U.S.-Arab Relations: Challenges for America's Leaders."
- 4) Travel Documentation.** Please include a clear photocopy of your passport's personal identification page. All program participants must hold a current U.S. Passport which does not expire before July 2013.
- 5) The following completed forms from this application (below).**
  - a) Language Program Application 2013
  - b) Academic Information
  - c) References (2)\*
  - d) Permission for Emergency Treatment
  - e) Medical Treatment Responsibility
  - f) Insurance Notification
  - g) Release and Indemnification
  - h) Affiliation Contract
  - i) Certification
- 6) \$25 deposit.** This will be deducted from tuition upon enrollment. Acceptable forms of payment include credit card or check.

\* Recommendation letters must address the following: applicant's academic profile; ability to work under pressure; adaptability to a new environment; and appreciation of different cultures.

***Please submit all documents as hard copies and mail them to the address provided below.***

To apply, all documents must be submitted by postmark date **May 1, 2013** via mail to:

**National Council on U.S.-Arab Relations  
1730 M Street, NW, Suite 503  
Washington, DC 20036**



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## Afkar Academy

Irbid, Jordan  
www.afkaracademy.com

### Language Program Application 2013

1. NAME: \_\_\_\_\_  
*Last First Middle Initial*

2. DATE OF BIRTH: \_\_\_\_\_  
*MM/DD/YYYY*

3. SEX: \_\_\_\_\_

4. NATIONALITY: \_\_\_\_\_

5. EDUCATIONAL STATUS:

\_\_\_\_\_  
*College or University Year Major Expected Date of Graduation*

6. MAILING ADDRESS:

\_\_\_\_\_  
*Street Address Apt./ House number City*

\_\_\_\_\_  
*State Zip Code Country*

7. HOME TELEPHONE: \_\_\_\_\_ 8. MOBILE TELEPHONE: \_\_\_\_\_

9. E-MAIL (school): \_\_\_\_\_ 10. E-MAIL (personal): \_\_\_\_\_

11. PERMANENT ADDRESS:

\_\_\_\_\_  
*Street Address Apt./ House number City*

\_\_\_\_\_  
*State Zip Code Country*

12. PASSPORT NUMBER: \_\_\_\_\_

13. EMERGENCY CONTACT INFORMATION:

\_\_\_\_\_  
*Name Relationship Email*

\_\_\_\_\_  
*Home Phone # Mobile Telephone # Office/Professional Telephone #*

\_\_\_\_\_  
*Permanent Address*

\_\_\_\_\_  
*Doctor's Name Doctor's Phone #*



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**Afkar Academy**

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**Academic Information**

1. Are you familiar with the Arabic alphabet and script? (Yes, No) \_\_\_\_\_
2. Please self-evaluate your level of proficiency in Modern Standard Arabic (poor, fair, good, excellent).
  - a. Your spoken Arabic: \_\_\_\_\_
  - b. Your reading: \_\_\_\_\_
  - c. Your writing: \_\_\_\_\_
  - d. Your aural comprehension: \_\_\_\_\_
3. Please provide details on your previous Arabic study, if any.
  - a. Institution or program: \_\_\_\_\_
  - b. Period of study: \_\_\_\_\_
  - c. Hours of study per week: \_\_\_\_\_
4. Course level and book(s) used: \_\_\_\_\_
5. Level of proficiency attained as certified by institution (Beginning Arabic, Lower Intermediate Arabic, Higher Intermediate Arabic, Advanced Arabic): \_\_\_\_\_



## **References**

Please have this form completed by two (2) professors or other individuals who can describe your academic ability and maturity. One of the forms should be from your Arabic instructor, if you have one. These recommendation forms should be included with your mailed application materials in sealed envelopes, or e-mailed directly from the recommender to NCUSAR.

1. APPLICANT'S NAME: \_\_\_\_\_  
*Last First Middle Initial*

2. EVALUATOR'S NAME: \_\_\_\_\_  
*Last First Middle Initial*

3. EVALUATOR'S POSITION: \_\_\_\_\_

4. How long have you known the applicant, and in what capacity?

5. This form aids in class placement and does not affect admission into the summer language program. If you are able, please evaluate this applicant's level of Arabic proficiency in the following categories (poor, fair, good, excellent):

a. Speaking \_\_\_\_\_

b. Listening \_\_\_\_\_

c. Reading \_\_\_\_\_

d. Writing \_\_\_\_\_

6. Please describe the applicant's maturity, cultural sensitivity, and his or her capability to adapt to life in another country:

7. Please add any comments that we should be aware of:

*Please return this form in a sealed envelope to the applicant, or email directly to  
[programs@ncusar.org](mailto:programs@ncusar.org).*



### **Form 1: Permission for Emergency Treatment**

On rare occasions a student participating in an overseas study program faces a health emergency requiring hospitalization and/or emergency treatment. To prevent dangerous delay in such an emergency it is strongly recommended that the student and his/her parent or guardian sign the following statement and that the student carry it on his/her person at all times while he/she is abroad.

In the event of emergency, illness or injury affecting (my son, daughter, ward, or myself), \_\_\_\_\_(student's name), born \_\_\_\_\_(date), the undersigned hereby authorizes immediate hospitalization and treatment recommended by and carried out under the supervision of a qualified physician, including administering an anesthetic and performing necessary surgery.

1. STUDENT'S BLOOD TYPE: \_\_\_\_\_

2. KNOWN ALLERGIES TO MEDICATION: \_\_\_\_\_

3. STUDENT'S SIGNATURE: \_\_\_\_\_

4. PARENT OR GUARDIAN SIGNATURE (if student is under 21): \_\_\_\_\_

5. DATE: \_\_\_\_\_

6. Person(s) to contact in case of emergency, illness, or accident:

\_\_\_\_\_

*Name*

\_\_\_\_\_

*Address*

\_\_\_\_\_

*Telephone Number*

7. Contact Abroad:

\_\_\_\_\_

*Name*

\_\_\_\_\_

*Address*

\_\_\_\_\_

*Telephone Number (from Jordan)*

\_\_\_\_\_

*Telephone Number (from USA)*



## **Form 2: Medical Treatment Responsibility**

All medical costs incurred in Jordan are not included in the program fees. If I need a doctor and am unable to pay due to illness or otherwise Afkar Academy will advance funds for my doctor's visit. I, \_\_\_\_\_ (applicant's name), the undersigned, agree to reimburse any medical costs advanced by Afkar Academy. I agree to keep receipts for any doctor's visits, medical treatment, and medication to submit to my U.S. insurance company, \_\_\_\_\_ (name of insurance company). If I am ill and refuse professional medical treatment, I understand that under Jordanian law (article 431 of the criminal code), Afkar Academy is obligated to arrange a medical visit for me should my condition be deemed serious. I understand that I will be responsible for the cost of this. If I refuse medical treatment for religious reasons, I must provide a statement on a separate sheet of paper explaining these circumstances.

*Note for budgeting:* a doctor's visit in Jordan generally costs \$50.00 USD or less; medications for common problems such as diarrhea and/or vomiting may cost between \$20.00 USD and \$40.00 USD. Although it is unpleasant to think of being ill while abroad, travelers sometimes encounter new circumstances and germs their bodies are not used to, and it is best to think ahead.

I UNDERSTAND THAT I AM RESPONSIBLE FOR THE COST OF ANY MEDICAL CARE I NEED WHILE IN THE AFKAR ACADEMY PROGRAM. IF AFKAR ACADEMY ADVANCES MONEY FOR THE COST OF MEDICAL CARE, I AGREE TO REPAY IT WITHIN A WEEK, OR UPON LEAVING THE PROGRAM, WHICHEVER COMES FIRST.

STUDENT'S NAME (print): \_\_\_\_\_

STUDENT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PARENT OR LEGAL GUARDIAN SIGNATURE (if student is under 21): \_\_\_\_\_

DATE: \_\_\_\_\_





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**Form 3: Insurance Notification**

1. PARTICIPANT'S NAME: \_\_\_\_\_
2. NAME OF MEDICAL INSURANCE COMPANY: \_\_\_\_\_
3. INSURANCE POLICY NUMBER: \_\_\_\_\_
4. NAME OF GROUP (if insurance is a group policy; i.e: employer or professional organization):  
\_\_\_\_\_
5. PERIOD OF COVERAGE: \_\_\_\_\_
6. SIGNATURE OF PARENT OR GUARDIAN (if student is under 21): \_\_\_\_\_
7. DATE: \_\_\_\_\_

***Special Note:***

*All students are required to obtain emergency evacuation insurance in case of serious illness or injury. Program participants are also required to provide a doctor's medical clearance. These forms will be sent in your acceptance package.*

*Further, participants are encouraged (but not required) to have the following immunizations recommended by the U.S. Public Health Service: tetanus, MMR and polio boosters, gamma globulin, and typhoid.*



### **Form 4: Release and Indemnification**

I (We), the undersigned, (each of us), for myself (ourselves), my (our) heirs, executors, administrators, successors, and assigns, covenant and agree that I (we) will never sue, or bring, or in any way aid, any legal action, or proceeding against the Afkar Academy, the National Council on U.S.-Arab Relations (NCUSAR), or affiliated sponsors, their legal representatives, or any and all other persons for whose acts or to whom it might be liable, for any and all claims, demands, damages, costs, expenses and compensations, incurred by reason of failure and refusal of the undersigned to conform to the requirements of participants in the NCUSAR/Afkar Academy Summer Program.

Further, I (we), the undersigned, (each of us), for myself (ourselves), my (our) heirs, executors, administrators, successors, and assigns (jointly and severally) do hereby acknowledge complete responsibility for all doctor, hospital, dental, first aid, and other medical expenses, and for transportation, extraneous room and board, and personal expenses which may be incurred while participating in the NCUSAR/Afkar Academy Summer Program, and further covenant and agree that I (we) will at all times hereafter keep and save harmless and indemnify the Afkar Academy in Jordan, the National Council on U.S.-Arab Relations, or affiliated partners, their legal representatives, or any and all other persons for whose acts or to whom it might be liable, against any and all actions or causes of action, claims, demands, liabilities, losses, damages or expenses which said institutions, their legal representatives, and any and all other persons for whose acts or to whom it might be liable, may incur by reason of the failure and refusal of the undersigned to conform to requirements of participants in the NCUSAR/Afkar Academy Summer Program.

It is to be understood that this indemnification is not an undertaking on the part of the above-mentioned institutions of the responsibility for the above-mentioned expenses; nor is the release an admission of liability on the part of the said institutions.

The undersigned expressly reserve(s) all rights of action, claims, and demands against any and all other persons whoever not named herein.

In witness whereof I (we) have set my (our) hand(s) this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

STUDENT'S NAME (print): \_\_\_\_\_

STUDENT'S SIGNATURE: \_\_\_\_\_

PARENT OR LEGAL GUARDIAN SIGNATURE (if student is under 21): \_\_\_\_\_



### **Form 5: Affiliation Contract**

All applicants are required to 'x' the boxes and sign below indicating they have read and understand the following agreements. Applicants must also answer all the questions found in this section:

Financial Responsibility – I understand it is my responsibility to cover the cost of the entire program.

Medical and Repatriation Costs – I understand that potential medical and repatriation costs are not covered by the program and are the responsibility of the participants. Participants are highly encouraged to check with their current healthcare provider for information, and to purchase travelers insurance as needed.

Follow-Up and Expectations – I understand that this fellowship requires my full attention and participation in all events in Jordan related to the program. Furthermore, I understand that I am expected to bring the knowledge and experience from this fellowship back to my home campus to educate my peers and communities.

Personal Conduct - I understand that I am a representative of my university, of the National Council, of the Afkar Academy in Jordan, and of my country at all times and in all public places. I agree to abide by the laws of the United States, Jordan, and any state where I may be domiciled or present. I agree to accept and abide by the rules and standards of the Afkar Academy center and to conduct myself professionally and to the standards of internationally accepted personal behavior at all times. I further understand that my failure to meet these laws, rules, and standards may result in me being ejected from the program.

1. Have you ever been found responsible for a disciplinary violation at any school you have attended, whether related to academic misconduct or behavioral misconduct that resulted in your probation, suspension, removal, dismissal or expulsion from the institution?

YES NO

2. Have you ever been convicted of a felony?

YES NO

*If you answered yes to either or both questions, please attach a separate document(s) that gives the approximate date of each incident and explains the circumstances.*

STUDENT'S NAME (print): \_\_\_\_\_

STUDENT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



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**Form 6: Certification**

I certify that the information included in this application is true and complete. I acknowledge that withholding or misrepresenting information may disqualify me from NCUSAR and Afkar Academy programs. I have read and understand the expectations outlined in all sections and forms above.

Note: Your signature on this application indicates that if accepted, you agree to follow the NCUSAR/Afkar Academy rules and guidelines during the language program you attend. A complete list of guidelines is included in the acceptance package.

STUDENT'S NAME (print): \_\_\_\_\_

STUDENT'S SIGNATURE: \_\_\_\_\_

PARENT OR LEGAL GUARDIAN SIGNATURE (if student is under 21): \_\_\_\_\_

DATE: \_\_\_\_\_

**COMPLETED PROGRAM APPLICATIONS SHOULD BE POSTMARKED BY May 1<sup>st</sup> to:**

*National Council on U.S.-Arab Relations  
1730 M Street, NW, Suite 503  
Washington, DC 20036*

*If you have any questions please call the National Council on U.S.-Arab Relations at **(202) 293-6466**  
or  
email Ms. Megan Geissler, Director of Student Programs, at [megan@ncusar.org](mailto:megan@ncusar.org)*