



Registration Form

Choose Program or Degree _____

Name in Arabic _____

First Name _____ Middle Name _____ Last Name _____

Birth Date ____/____/____

MM / DD / YR

Address _____ Apt. # _____

City _____ State _____ Zip _____

Country of Origin (Optional) _____ Profession: _____

Telephone (Home) _____ Cell Phone _____ Fax _____

Email _____

Gender Male Female

First Language _____ Second Language _____

Latest Degree _____

Have you attended any Sharia Academy's seminars? Yes No

If yes, please list all the subjects of the seminars, instructors _____

Have you been taught by a scholar? Yes No

If yes, please list the names of Scholars who have taught you _____

Best way to reach you Email Phone Interview