

CENTER FOR ARABIC STUDY ABROAD (CASA)

CASA II APPLICATION FORM 2012-2013



Application Deadline: December 16, 2011 **Selection Examination: January 20, 2012***

(Please note that no applications will be accepted or considered after the December 16th deadline.
*Applicants who completed CASA I more than 5 years ago **MUST** take the Selection Exam as part of their application process.)

Oral Interviews: Applicants being considered for a fellowship will be contacted in early March for an interview with the CASA Executive Director. Please provide a current telephone and email address for this part of the application process.

BEFORE completing this form, read the guidelines and requirements noted on the CASA website. Submission of this application signifies acceptance of these requirements. Please type or print in **BLACK** ink.

Please check the semester(s) for which you are applying:		
FALL 2012 _____	SPRING 2013 _____	BOTH _____
(September-December 2012)	(January-May 2013)	(September 2012-May 2013)

Section 1 – Personal Information

Name (please write full name <i>in both English & Arabic</i>):	
Current Address: (Valid Until _____):	
Telephone: _____	E-mail Address: _____
Permanent Address: _____	
Telephone: _____	
Emergency Contact Name: _____	Relationship: _____
Telephone: _____	E-mail Address: _____

Date of Birth _____ Place of Birth _____

U.S. Citizen Permanent Resident Country issuing passport _____

Single Married If married, name of spouse _____

Number of children _____ Ages of children _____

Which of the above would accompany you to Cairo? _____

Airport from which you would depart and to which you would return if selected: _____

Section 2 – Academic Information

(Please attach a copy of your Curriculum Vitae to the application)

Years of graduate study: _____ Major: _____

Degree expected: M.A. Ph.D. Expected Date of Completion: _____

Tentative date of Ph.D. preliminary exams _____

Thesis topic (if known) _____

Or research area (as precisely as it can be defined) _____

Section 3 – Post-CASA Study

Dates of Full-Year CASA I program: _____

Name of Executive Director during your CASA I program: _____

List all colleges or universities attended since graduation from CASA:

Name of Institution	From (mo/yr) To (mo/yr)	Degree Received	Major(s) and Minor(s)

List any advanced Arabic language courses or graduate courses in Arabic taken after CASA:

Name of Institution	From (mo/yr) To (mo/yr)	Location	Arabic Course Taken

Section 4 – Statement of Purpose

Please provide a statement of purpose in Arabic describing your academic and career interests and explaining how CASA II would help you achieve them. Your statement should include (1) a self-assessment of your language abilities, (2) an outline of the program of language study and research you plan to pursue within CASA II, and (3) a description of how CASA II and Arabic fit within your short and long-term academic and career plans. **Your statement of purpose should be typed, single-spaced and no more than 500 words.**

Section 5 – Health Forms

Center for Arabic Study Abroad (CASA) *Health Clearance Form*

To be completed by the CASA II applicant's physician, **returned to the applicant**, and mailed to CASA in the same envelope as the application.

Name of Applicant:
Name of Physician:
Address of Physician:
Telephone:

The above-named individual's medical history has been reviewed, and the individual has been examined in connection with application to undertake intensive language study in Cairo, Egypt, in the Center for Arabic Study Abroad program. Particular attention was given to potentially serious physical and psychological problems which might require care unavailable in a developing country.

This applicant has been found to have the following health/psychological problems which might require special consideration and/or follow-up treatment while studying abroad: (If none, write "NONE" in the comments section below.)

Comments:

PLEASE NOTE: The following test results must be current within the last (6) months.

Routine Chest X-Ray or TB Negative Results:
Routine Urinalysis Negative Results:
Date of Test:

I hereby certify that I have examined Ms./Mr. _____ who is applying for a program of study in Egypt and determined that there are no medical reasons that would prevent her/him from traveling and participating in the program.

Signature of Physician

Date

CONFIDENTIAL MEDICAL HISTORY REPORT

(To be filled out by the applicant)

Have you ever had any of the following conditions?

If so, indicate in the space provided your age at the time you first began having symptoms.

Asthma:	Hepatitis:	Poliomyelitis:
Bronchitis:	Heart Disease:	Rheumatic Fever:
Diabetes:	Kidney Disease/Infection:	Thyroid Disorder:
Dysmenorrhea:	Mononucleosis:	Tuberculosis:
Encephalitis:	Nervous Disorders:	Ulcers:
Epilepsy:	Pleurisy:	Other:

Do you have a tendency toward recurrent respiratory infections? Yes No

Give details of any prolonged illness over the past three (3) years: _____

Give details of any surgery or fractures in the past three (3) years: _____

Give details of any mental or emotional problems requiring the care of a professional in the past three (3) years: _____

Do you have any severe allergies? Please list: _____

Do you require regular medication for any reason? Please explain: _____

Do you have any physical disabilities (including vision or hearing problems) for which separate medical treatment or arrangements will be necessary? Please explain: _____

I certify that the above is a true statement of my medical history, past and present. I feel that I am physically and emotionally able to carry on a full course of study abroad.

Signature

Date

Section 6 - Academic References

Two letters of recommendation are required: one must be from an Arabic language instructor who is in a position to assess your Arabic language skills, and the other from a professor who has closely worked with you and is familiar with your academic work. Reference letters should be sent *directly by the professors to the CASA office*. Please list the two references who will be writing on your behalf:

(1) Title/Name:	
Institution and Department:	
Phone:	Email:

(2) Title/Name:	
Institution and Department:	
Phone:	Email:

Confidential Reference Form #3
Center for Arabic Study Abroad (CASA)
The University of Texas, Department of Middle Eastern Studies
1 University Station F9400, West Mall Building 1.110
Austin, TX 78712

Part 1 (to be completed by the applicant):

Name of Applicant: _____	
I hereby waive my right to the information below:	
_____	_____
<i>Signature</i>	<i>Date</i>

Part 2 (to be completed by the referee):

Name of Referee:
Institution and Address:
E-mail Address:
Telephone:
Fax:

Dear Colleague,

The above named student is applying to the Center for Arabic Study Abroad (CASA) for a CASA II Fellowship and has named you as one of her/his references. The CASA Selection Committee would appreciate your help in assessing her/his readiness for the program. Please provide your assessment on a separate sheet of paper, addressing the following points:

- How well, how long, and under what conditions have you worked with this applicant?
- Your assessment of her/his overall academic abilities.
- **For language teachers:** an assessment of the applicant's present level of proficiency in the various skills in Arabic.
- Her/his seriousness of purpose and commitment to Arabic/Middle Eastern Studies.
- How the CASA II program fits into her/his academic and professional goals.

I give this applicant the following recommendation:

Very Strong Strong Average Below Average

Signature

Date

**Please mail this form along with your letter to CASA at the address above no later than December 16, 2011.
Thank you for your help.**

Section 7 – Pay-Your-Own-Way Option (PYOW)

Please complete this section ONLY if you wish to be considered as a PYOW student. Please see the “Applying for a CASA Fellowship” section of the CASA website for a full description of the PYOW option.

My source of funding will be: University Self Fellowship Other

If "Other" please explain source: _____

I understand that no partial PYOW/CASA II fellowships are available. I also understand that completion of this form in no way affects my possible selection as a fellowship nominee.

Signature

Date

Section 8 – Certification

I certify that the information included in this application is true and complete. I acknowledge that withholding or misrepresenting information in this application may result in disqualification from competition for a CASA II Fellowship.

Signature

Date

Section 9 – Application Fee

Please mark the appropriate box and include a check payable to “UT Austin/CASA” as indicated below:

- \$50 for applicants from Consortium schools (including AUC)
 \$75 for applicants from Non-Consortium schools

Please return the completed application and supporting materials, along with the appropriate application fee, to:

Marissa Canales, State-side Program Coordinator
Center for Arabic Study Abroad (CASA)
The University of Texas, Department of Middle Eastern Studies
1 University Station F9400, West Mall Building 1.110
Austin, TX 78712