Aim

The aim of the Summer School is to provide an opportunity for the participants to enhance their knowledge in: (i) Quranic Worldview and implications for Islamic social ontology; (ii) Hadīth: the Space Time Dimension; (iii) Islamic Jurisprudence and Maqāsid al-Sharī`ah (General purposes of Islamic Law): Practical Applications; (iv) Islamic Medical Jurisprudence and (vi) Muslim history and civilization: an African perspective and applications to Local Problems.

During the six-day Summer School, the participants will receive instructions from African Muslim scholars (from Sudan, Uganda and Tanzania) as well as South African Muslim Academics on the above topics, inclusive of interactive engagement.

On completion of the Summer School, the participants will receive Certificates of Attendance.

Objectives

In 2007, the International Institute of Islamic Thought (IIIT) started a Summer Student Program as a way to reach out to students and to expand IIIT educational programs. The program was meant to give students a broad overview of Islam, while exposing them to major contemporary Islamic issues.

The main objectives and outcomes of the core courses are:

1. Defining, constructing, and analyzing the Qur’anic worldview
2. Critiquing and evaluating both Muslim history and contemporary Western thought
3. Developing and implementing critical thinking
4. Recognizing and assessing major concepts and ideas of the IIIT.

Registration

Registration is free. An Academic Committee will screen all applications. (i) Successful South African applicants (20 in Johannesburg) will be provided with Tea and Lunch daily free of charge. (ii) Two successful applicants from the neighbouring African countries will be provided with return air tickets as well as all meals and accommodation during the duration of the Summer School only.

Attendance is by Registration only. Limited seats are available.

Interested participants must fill in the application form and include a Passport size photograph which should be e-mailed by no later than 31st July 2019 to:

Professor AFM Ebrahim (ebrahima@ukzn.ac.za).
Mobile: +27797513718.
Application Form

Personal Details
Surname: ........................................ Other Names: .............................................. Age: .................
Address: .................................................................................................................................
Telephone: ........................................ E-mail Address: ..............................................................

Educational Qualifications
First Degree ............................................................................................................................
Institution ................................................................................................................................. Year: .................

Additional Qualifications
Institution ................................................................................................................................. Year: .................
Current Place of Work (If you are not employed, please skip to the next section)
Name and Address of Organization: ......................................................................................

Position and Responsibilities .................................................................................................
Current Institution of Study .................................................................................................
Name and Address of Institution: .........................................................................................
Program of Study and Area of Research ................................................................................

Motivation/ Purpose
Briefly describe below your motivation for wanting to participate in the IIIT Advanced Course
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Brief Profile
Please provide a brief profile of yourself which will appear in the brochure for the school.
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Recommendation
Recommendation from Your Academic Supervisor or Community Leader
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Name: ........................................ Position: ........................................
Signature: ........................................ Date: ......................

Testimony: This is to be signed by the applicant.
I testify that all the information provided in this form is correct.
Name: ........................................ Signature: ........................................ Date: ......................