

REGISTRATION FORM—ADULTS

PART I— SCHEDUL	ING				
LANGUAGE:	CLASS TYPE:	PREFERENCES:	First Choice:	Second Choice:	
□ French	□ Private	□ Daytime	□ Mondays	☐ Mondays☐ Tuesdays☐ Wednesdays☐ Thursdays	
□ Italian	☐ Semi-Private	□ Evening	☐ Tuesdays☐ Wednesdays☐ Thursdays		
□ Spanish	☐ Group	☐ Flexible			
□ Other	□ Either		□ Fridays	☐ Fridays	
DADT II DEDCOM	AL INCODAMATION		☐ Flexible	☐ Flexible	
PART II— PERSONA	AL INFORMATION				
Name:					
First		Last			
Address:					
Street		City		Zip	
Phone:					
Daytime		Evening	<i>g</i>		
E mail Address:					
E-IIIaii Address.					
PART III—STUDEN	T PROFILE				
PURPOSE FOR STUDY:	If we check all that apply:				
□ Work	Previous Formal Study y Abroad Heritage Language Spoken by Spouse/Family Members				
□ Travel					
☐ Study Abroad					
□ Relocation Abroad□ Personal Interest					
Please provide further deta	ails of any previous language	e study:			
Other languages you speak	k, understand, have studied:				
Do you have any special n	eeds, interests?				
PART IV—AGREEME	ENT				
	form with a \$50.00 deposit w	hich will be applied to y	our total program cost.	We will do our best to	
accommodate your schedu	ıling requests. Deposits are r	refunded if we cannot ac	ccommodate you. We w	ill call you to confirm the	
or check.	balance, including the cost of	f materials, is due prior	to your first lesson. We	accept payment by cash	
No refunds after the first le	esson.				
	mum of 24 hours notice is reate for your lesson, the time				
	p lessons, scheduling change		•		
	or or office of any anticipated				
	Signature			Date//	

