UCA COMMUNITY LANGUAGE SCHOOL
ADULT REGISTRATION FORM

ADULT KOREAN CLASSES Fall 2016

Today's Date:_____

First Name _____Last Name_____

Street Address or Box # _____

City & State_____Zip Code_____

Preferred phone _____ E-mail _____

How did you find out about CLS classes? _____

CONSENT STATEMENT:
I give my consent to be photographed and/or video/audio taped with the understanding that these images/recordings may be used, strictly in accordance with university policies and the laws of Arkansas, for the purpose of creating fliers/brochures/university-sponsored web pages and other online UCA-related sites, newspaper or magazine feature articles and other promotional materials for the UCA-CLS program, and also for occasional educational purpose (such as teacher training).

_____	_____	_____
Printed Name	**Signature**	**Date**

Thursdays, 5:30-6:30pm for 10 weeks
on the UCA Campus, Torreyson West***, room 311
*****use the handicapped entrance to the west of the main library doors**
Sept. 8th – Nov. 17th 2016
NOTE: no class on Oct. 13th during the UCA Fall Break

See course details on the CLS Website: http://uca.edu/wlan/community-language-school/

No charge for tuition (sponsored by the UCA Community Language School)

Mail or Return registration form(s)to:

UCA Community Language School
Dept. of Languages & Linguistics, Irby 207
201 S. Donaghey Ave, Conway, AR 72035
Tel. (501) 852-2064 Email: ruthc@uca.edu

_____**OFFICE USE ONLY**_____

Date Registration rec'd_____ **UCA Student, Faculty or Staff? ____Yes ____Other:**_____

Other_____ **Notes:**_____

SSV rev 8-15-16