



**UCA COMMUNITY LANGUAGE SCHOOL
ADULT COURSE REGISTRATION FORM**

INTERMEDIATE ITALIAN, Level 2A
Fall 2016

Today's Date: _____

First Name _____ Last Name _____

Street Address or Box # _____

City & State _____ Zip Code _____

Preferred phone(s) _____ 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 _____

Class will meet on Fridays, 6:00-7:30 PM for 8 class sessions

Location: 1914 Biscayne Drive in Little Rock

Sept. 9, 16, 23, 30th and Nov. 4, 11, 18th (no class Nov. 25th—Thanksgiving) and the last class will be Dec. 2nd, 2016

NOTE: There might be a textbook TBA with an approximate cost of \$20-\$25.00

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

Tuition is \$100.00 per student (includes \$25 non-refundable registration fee)

Return registration form with check payable 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

\$ _____ **Total enclosed**

-----OFFICE USE ONLY-----

Date Payment rec'd _____ Cash (amount) _____

Form of payment: check # _____ Refund date & amount _____

Receipt # _____ Notes: _____

Date of Deposit _____ **SSV rev 8-29-16**