



**UCA COMMUNITY LANGUAGE SCHOOL
ADULT REGISTRATION FORM**

INTERMEDIATE ITALIAN CLASSES
Fall 2015

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? _____

Class will meet on *Thursdays, 6:00-7:30 PM for 8 weeks in Little Rock at UAMS*
(classroom & parking information to be announced)
starting the week of *Oct. 8th through December 3rd, 2015.*

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

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

Return registration form with check payable to:

UCA Community Language School
Department 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 _____

Form of payment: check # _____ Cash (amount) _____

Receipt # _____ Refund date & amount _____

Date of Deposit _____ Notes: _____