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
*Location information to be announced; Oct. 8th through December 3rd

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:________________________________________________________________________

SSV rev 9a-7-15