



UCA COMMUNITY LANGUAGE SCHOOL ADULT REGISTRATION FORM

ADULT-TEEN KOREAN Fall 2018

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

Mondays, 6:30-7:30pm for 10 weeks

Sept. 24th – Dec. 3rdth 2018

on the UCA Campus, Torreyson West*, room 311**

*****use the handicapped entrance to the west of the main library doors**

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: _____