

First Name: _____ Last Name: _____ Middle Initial: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Home phone: (____) _____ - _____ Country: _____

Work phone: (____) _____ - _____

Cell phone: (____) _____ - _____ Gender: M F Date of birth: _____

E-mail: _____ Minimum age requirement is 18

Preferred method of contact: _____ How did you hear about us? Word of Mouth Web Page

E-mail Phone: Home Cell Work Brochure New Yorker Other _____

Organization: _____

Occupation: _____

Please indicate any special needs:

Dietary restrictions: _____

Physical restrictions (i.e. stairs, distances): _____

T-shirt size Small Medium Large X-Large 2XL 3XL (Men's sizes only. Please check one to ensure size availability)

Please indicate language choice at right, then refer to Language Self Evaluation below for further information

LANGUAGE SELF EVALUATION is a tool to assist us in pre-determining your expected class placement. Please check the category which you think best represents your level of speaking ability in the desired language:

- I am a **RANK BEGINNER**, have not studied nor am I able to communicate in the language.
- I have a **LIMITED KNOWLEDGE**, I can grasp a few words but I cannot respond to questions.
- I can **EXCHANGE ADEQUATE INFORMATION** in everyday situations, but I am uncertain in conversation.
- I have gained a **FAIRLY SOLID** command, but my speech is halting; I need to pause to formulate.
- I have a **GOOD COMMAND**, but I can't always understand the subtleties of the language.
- I am **PROFICIENT**, can converse relatively easily; I am occasionally confused at conversational speed.
- I am at an **ADVANCED** level and have certain fluidity when I speak, although sometimes apply the wrong tense.

Language Experience: Please provide details on your experience with the target language (course work and/or life experience). Be as descriptive as possible. Example: "I have never studied but my mother is a native speaker and I speak with her."

Photo Release: My enrollment and signature on this form give my permission for any images captured by photo or video during all ALPs activities to be used in editorial or promotional publications for the Rassias Center of Dartmouth College and waive any rights of compensation or ownership thereto.

Signature: _____ Date: _____

LANGUAGE

MULTIPLE LEVELS: RANK BEGINNER TO PROFICIENT

Dates: June 26 – July 5, 2018

- Arabic
- Brazilian Portuguese for Romance Language Speakers
- English as a Second Language (ESL)
- French
- German
- Italian
- Spanish

Prior Rassias Course: If you have taken a course with us before, please list the language, level, and semester. _____

Native Language: What is your native language? _____

Other Language: Please list other languages which you speak or have studied, and to what extent: _____

Schedule of Fees and Payments

Basic Fees (all applicants)

- \$300 Enrollment Fee** – non-refundable
- \$2,700 Program Fee** – includes instruction, texts, most meals, tutoring, and cultural events.

Basic Fees Total \$ 3,000

Optional Fees

- \$550 Dormitory Housing Package Fee** – includes 9 nights (per the below dates) in a dormitory room (single occupancy unless otherwise indicated).
 - June 26 check-in, July 5 departure

- \$100 Parking Pass** – Allows you to park in designated Dartmouth College parking lot.

Optional Fees Total \$ _____

Total Amount Due \$ _____

You may also enroll and pay online at our website listed below.

Payment 1 – \$300 non-refundable enrollment fee due with this application

- Check Purchase Order *Make checks payable to:* *Forward to:*
 Amount: \$ _____ The Rassias Center The Rassias Center
 6071 Blunt, Suite 315
 Hanover, NH 03755

- Visa MasterCard Discover Diners Card American Express

Amount indicated below will be charged to your credit card upon receipt of this form.

Amount: \$ _____
 Card # _____
 Exp date: ____/____/____
 Cardholder Name: _____
(please print)
 Signature: _____

Payment 2 – Balance due by June 1, 2018

If you would like to initiate payment 2 by credit card please complete the information below. Your signature authorizes us to charge the amount indicated (your remaining balance) to the card number provided, on June 1, 2018.

- Visa MasterCard Discover Diners Card American Express

Amount indicated below will be charged to your credit card on June 1, 2018.

Amount: \$ _____
 Card # _____
 Exp date: ____/____/____
 Cardholder Name: _____
(please print)
 Signature: _____

Cancellation policy: Requests for cancellation must be submitted in writing by June 1, 2018. Submissions after this date run the risk of incurring program fee penalties. We reserve the right to withdraw any program offering or any section of a program in which case all fees will be refunded.

PLEASE KEEP A COPY OF THIS INFORMATION FOR YOUR RECORDS

The Rassias Center

6071 Blunt, Suite 315, Hanover, NH 03755 Phone 603-646-3583 Fax 603-646-2240 email: rassias.center@dartmouth.edu <http://rassias.dartmouth.edu/alps>