## **COMMUNITY LANGUAGE PROGRAM FALL 2017**

First Name:	Middle Initia	al:	Last Name:		
Mailing Address:					
City:	State:		Zip:	Country:	
Home Phone:	v	Vork Phone:			
Cell Phone:	E	-mail:			
Preferred Method of Contact:	Dat	e of Birth: _		Gender: ☐ Female ☐ Male	
Organization:		Occupatio	n:		
Do you have any physical restricti	ions that we should be aware o	of? If so, p	lease specify:		
How did you hear about the Rassias Center? :	☐ Word of Mouth ☐ V☐ Valley News ☐ Other _	_		Dartmouth	
How did you hear about this semester's CLP program?:	□ Word of Mouth    □ V     □ Valley News   □ Other	-		Dartmouth	
Have you ever taken the Commur	nity Language Program or ano	ther course v	rith us? If so, please li	st:	
Language choice: ☐ French	☐ German ☐ Italian		anish	h Grammar & Pronunciation	
Language Self Evaluation (see	next page): 1	. 2	3 4		
Please provide details on your exp when taken. Our teachers will us					
What is your native language? Please list other languages which	you speak or have studied, an	nd to what ex	tent:		
Photo Release: By submitting this be used in editorial or promotions or ownership thereto.  Signature	al publications for the Rassias		rtmouth College and	oto or video during all activities to waive any rights of compensation  Date	
	PA	YMENT			
CREI	DIT CARD		ОТН	ER PAYMENTS	
	American Express    Disco			cking a box and providing	
Account#		_	Check	Order	

Payable to: The Rassias Center

Mail to: 6071 Blunt, Suite 315, Hanover, NH 03755

Expires\_\_\_\_\_

Signature\_\_\_\_\_

## LANGUAGE SELF EVALUATION

Please choose the number that you think best represents your conversational skills in the language in which						
you are enrolling then select that number on the Language Self Evaluation portion of the Enrollment Form:						
1	2	3	4			
None/very limited	Can communicate basic	Can express myself in	Can converse and			
	information	short phrases	express myself in			
			sentences			