

INTENSIVE ENGLISH PROGRAM

RETURNING STUDENT REGISTRATION FORM

| SECTION 1. Consult Information / Functions Chatter | | | | | | | | | | |
|--|--|-------------------------------|--------------|-------------------------|----------------------------|------------------|------------------------------|---------------|------------------------------|--|
| SECTION 1: General Information/Enrollment Status | | | | | | | | | | |
| Full Nam | е | | First | | MI | | | Loct | | |
| | | | FIRST | | | IVII | | | Last | |
| Sex | | Male | Date of | Email | | | | | | |
| | Ш | Female | Birth | MM/D | MM/DD/YY | | | | | |
| | | | | | | | | | | |
| Address | | Stree | et Number/St | reet Name | | City | State | Country | zip Code | |
| | | | | | | City | State | Country | Zip code | |
| Phone Numbers (where you can be reached) Cell Other | | | | | | | | | | |
| | | | | | | | | Other | | |
| What is t | he hi | ghest level of | IEP that you | have complete | ed? | Level 1 | Level 2 | Level 3 Lev | vel 4 🔃 Level 5 | |
| Which term do you plan to start? | | | | | | | | | | |
| | | Summer 2010 6/06/16 to 07/ | | | 5, Term 1 5 to 10/07/16 | | 16, Term 2 16 to 12/16/16 | | 2017, Term 1 7 to 3/04/17 | |
| For Non- | F1 St | udents | ☐ Full Time | , \$1580 | ☐ Part Tin | ne, \$340/per co | ourse 🔲 [| Day 🗌 Eve | ening | |
| If Part Time, which courses would you like to take? | | | | | | | | | | |
| Writing Grammar Listening/Speaking | | | | | | | | | | |
| | | Reading | = | ted Skills | | DEFEL Prep (Lev | _ | | | |
| **Price includes tuition, books and one cultural activity; a meal will be included as part of this activity.** | | | | | | | | | | |
| **Please note: Prices are subject to change** | | | | | | | | | | |
| SECTION 3: Acknowledgements/Signature | | | | | | | | | | |
| Before signing this form, please read the following carefully and check the boxes next to each statement: | | | | | | | | | | |
| I understand that renrollment into the Intensive English Program does not constitute or guarantee admission to any | | | | | | | | | | |
| | Chattahoochee Technical College credit programs. | | | | | | | | | |
| I understand that my level is determined by my previous progress in the program; however, I also understand that | | | | | | | | | | |
| my feedback as to my level is important and will be considered. | | | | | | | | | | |
| Please initial to indicate you have read our cancellation and refund policy: | | | | | | | | | | |
| CTC reserves the right to cancel classes with a full refund. Request for refunds made at least 5 business | | | | | | | | | | |
| | days prior to a course beginning are eligible for a full refund. There are no refunds for requests made less | | | | | | | | | |
| | than 5 business days prior to the course beginning. | | | | | | | | | |
| | | | | | | | | | | |
| | | | Sign | ature | | Da | | | ate | |
| | | | | | For Office | Use Only | | | | |
| US | Ш | RA NR | ☐ UA | MC MC | AmEx | Visa Disco | ver Cash | Peer Transfer | Check # | |
| CCPE Staf | fIniti | als/Date Rcvd: | | Card/Check Na Card#: | rd/Check Name: | | | | | |
| CCPE Staff Initials/Date Added to Spreadsheet: | | | | Exp Date: | | | | | | |
| | | | | Student ID: | | | | CRNs: | | |
| | | | | Staff: | | | | CIMVS. | | |
| | | | | Date: | | Receipt #: | | | | |