

Language Class Registration Form



PLEASE PRINT CLEARLY

Student Info Term 2, 04 April - 26 May, Cost: S			, Cost: \$90 / *\$25 for Single Airmen on approval
First Name:		_	Last Name:
Email Address:			Best phone #:
Sponsor Info			
First name:		_	Last Name:
Cell Phone:		_	Duty Phone:
	Dies		volo vovu oboje
		se cii	rcle your choice
German 2 Lunch Mon-Thu,1000-1050, CR-1,Gudrun Garcia		A	German 2 Night Mon & Wed,1700-1845, MPR 412, Gudrun Garcia
German 1 Lunch Mon – Thu,1100-1150, CR-1, Gudrun Garcia		В	French 1 Night Tue & Thu, 1700-1845, CR-1, Robert Bels
German 3 Lunch Mon-Thu,1200-1250, CR-1, Gudrun Garcia		C	French 2 Night Mon & Wed,1900-2045, CR-1, 412, Robert Bels
German 1 Night Mon & Wed,1700-1845, CR-1, Robert Bels		D	
German 1 Night Tue & Thu,1700-1845, MPR 412, Gudrun Garcia		Е	Please check if you are a Single Airmen
Please read and initial:			
Children may not Students must be	18 years of age or ol	or left u der.	inattended in the building during class time.
			ill be assessed for withdrawals.
	for PCS, TDY, or de ollected within 30 day		ent prior to start of class – copy of orders required. r approval.
			nents during term – prorated at \$11.25 per remaining days after approval.
via email. If regi	stering after this date p l	ease b	r@us.af.mil will be accepted until 19 Jan 2022 ring in your form or fill the form out at the front ant Director approval before conducting refunds**
Student Signature:			Date:
	FOR COMMUNIT	Y CEN	ITER EMPLOYEES USE ONLY
Course (Letter)Re	cTracRcpt #:		Amount Paid German/French Book

Payment (circle one): cash check cc – last 4 _____Employee's Initials:_____