Please complete this registration form and email it to **nflc-alc@umd.edu**. Fields marked in **red** are required. After the NFLC processes your form, you will receive an invoice with payment details. Enrollment is confirmed only after payment is received.

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| **Student Information** |
| Name: |  |  |  |  |  |
|  | First Name |  | Last Name or Initial |  |  |
| Language: |  |  |  |
|  | Language |  |  |
| Ratings: |  |  |  |  |  |
|  | OPI/Test Date |  | DLPT Listening/Test Date |  | DLPT Reading/Test Date |
| Email: |  |  | Phone: |  |  |
|  | Email that you check regularly |  |  |  | Phone Number |
| Affiliation: | [ ]  Military [ ]  Other Government Employee |
|  | Please choose one |  |  |  |  |
| Signature: |  |  | Date of Signature: |  |  |
|  | Signature |  |  |  | MM/DD/YY |

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| **Course Information** |
| Course Name: |  |
|  | Course Name |  |  |  |  |
| Start Date: |  |  | End Date: |  |  |
|  | MM/DD/YY |  |  |  | MM/DD/YY |
| Length: | [ ]  4-week online course ($3600) | [ ]  5-week online course ($4500) |
|  | Please choose one |  |  |  |  |

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| **Supervisor(s) Contact Information** |
| To whom should we send the weekly attendance, participation, and homework reports? |
| Contact 1: | Name: |  | Email: |  |
| Contact 2: | Name: |  | Email: |  |
| Contact 3: | Name: |  | Email: |  |

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| **Supervisor Approval** |
| By signing below, I verify that the above information is correct. I also verify that the participant has supervisory approval to attend the course and the necessary equipment for online instruction. |
| Supervisor: |  |  |  |  |  |
|  | First Name |  | Last Name |  | Unit/Organization |
| Email: |  | Phone Number: |  |  |
|  |  |  |  |  |
| Signature: |  | Date: |  |  |