Please complete this registration form and email it to [**nflc-alc@umd.edu**](mailto: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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 |  |  | |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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: |  |  |