

## SUMMER 2009 — INSTITUTE FOR TEACHERS OF ITALIAN



**SEND REGISTRATION FORM TO:**

Modern Languages Dept.  
 Central CT State University  
 1615 Stanley Street  
 New Britain, CT 06050-4010

SOCIAL SECURITY NUMBER (New Students) OR

BANNER ID (Continuing Students)

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DATE OF BIRTH: \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST M.I.

ADDRESS: \_\_\_\_\_  
NUMBER & STREET APT #

\_\_\_\_\_

CITY/TOWN STATE ZIP

PHONE: \_\_\_\_\_  
HOME WORK

EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

**PLEASE**

- ✓ PRINT AND USE PEN
- ✓ DO NOT MAIL CASH
- ✓ MAKE CHECKS PAYABLE TO CCSU

**I WOULD LIKE TO REGISTER FOR THE FOLLOWING COURSES**

CRN.	DEPT. & CSE. NO.	SEC. NO.	COURSE TITLE	CREDIT	DAY & TIME
50611	ML 550	01	Intsv Stdy ML: Italian History through Film	3	M-R 2:00-6:00p
50612	ML 550	02	Intsv Stdy ML: Italian Lang & Technology	3	M-R 2:00-6:00p

**COURSE FEE**

<b>TOTAL</b>	1790.00
REQUIRED DEPOSIT	-100.00
BALANCE	\$1690.00
<b>DUE - 6/1/2009</b>	
<b>Note: All fees are subject to change.</b>	

**FOR MAIL-IN REGISTRATION**

**Method of Payment**

Check     Money Order     Visa     MasterCard     Discover Card

**Credit Card Authorization:** Card Number \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_

Print Name that Appears on Card \_\_\_\_\_ Signature of Card Holder \_\_\_\_\_