WESTERN NEW MEXICO UNIVERSITY

Language Institute Special Courses

APPLICATION

For Special Courses - Language Institute:

Email: LanguageInstitute@wnmu.edu Web: http://www.wnmu.edu/academic/languageInst/index.shtml

Full payment for Language Institute tuition is expected prior the first week of classes, no later than the first scheduled meeting of class.

If mailing: Language Institute ~ PO Box 680 Silver City, New Mexico 88062 Attn: Rosemary

Courses Possible	**Cost**
Conversational Spanish for Beginners Mod. I	$68.00
Conv. Spanish Module II	$68.00
Conv. Spanish Module III	$68.00
Business Specific Courses	_____
Medical Specific Courses	_____

APPLICATION FORM

Sessions(s) applying for:

❑ Spring ❑ Summer ❑ Fall Year _____

(Please type or print clearly)

Name: _____, _____, _____
Family name First name Middle name

Address: _____
Street address

_____
City State/Province Postal code Country

Phone: _____ Fax: _____ E-mail: _____

Date of Birth: month: _____ day: _____ year: _____ ❑ Male ❑ Female

My knowledge of Spanish is: ❑ Beginner ❑ Low Intermediate ❑ Intermediate ❑ Advanced

Please indicate how you heard about Language Institute: ❑ Family or Friend ❑ Agent: _____
❑ Internet advertisement ❑ Magazine advertisement ❑ Language Institute web page
❑ Internet search ❑ Recruitment Fair: _____

STUDENT STATEMENT:

I certify that all the information given in this application is complete and accurate to the best of my knowledge. I agree to pay for all my tuition and bills personally. *If Applicable*: I also agree to have specific instructions submitted by my sponsor if the University is to bill the sponsor for my tuition and fees.

Signature of Student: _____ Date Application Completed: _____

If student is being sponsored First page with sponsors information and signature MUST accompany the Application Form.

Receipt for Payment Date: _____

Received From: _____

Received $ _____

☐ Cash ☐ Check ☐ Money Order ☐ Credit Cards
Detail Code FESL

Payment for: _____

Received By: _____
Person receiving money must sign legibly

9/21/2015

Office USE: Date: _____

Received From: _____

Received $ _____

☐ Cash ☐ Check ☐ Money Order ☐ Credit Cards
Detail Code FESL

Payment for: _____

Received By: _____
Person receiving money must sign legibly