

Official Use
SID

Community Courses at UM Application

When would you like to begin?	What courses would you like to take?
Fall (September - November)	Communication Skills (Tuesday and Thursday Evenings)
Spring (February – April)	Communication Skills (Tuesday and Thursday Mornings)
Summer (June-July)	Business English (Saturday Mornings)
Please print neatly or type the follow	wing information:
Family Name	First Name
Local Address	
City	State Zip Code
Telephone Number	Email
Date of Birth: (month)/ (day)/ (ye	ear) Sex: Male Female
Home Country	First Language
Type of Visa	Visa Expiration Date
Current Institution	Are you an Au Pair? Yes No
Highest Level of Education Completed: High Scho	ol University Undergraduate University Graduate Other
	El permission to communicate with the person(s) listed regarding all issues not limited to, account, academic, immigration, conduct, health, and safety
Name	Relationship to you (parent, etc.)
Telephone Number	Email
Address	
Au Pair Organization	Telephone Number
Do we have permission to talk to a representative f	from this organization about you and your classes? Yes No
Certification Statement I hereby certify that the above information is co English for Internationals program at The Unive	errect and that I will abide by the regulations for students in the Intensive ersity of Memphis.
Applicant Signature	Date
Parent Signature(Parent signature is require	Date
(Parent signature is require An	d if student is less than 18 years of age.) Equal Opportunity – Affirmative Action University