



Intercultural Institute of California

Registration #
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Korean Language Course Registration

Year Fall Winter Spring Summer

Date of Birth - -

Student's First Name	Last Name

Current Address

Street	City	State	Zip
Telephone	Email		

Emergency Contact

First Name	Last Name		
Street	City	State	Zip
Email			

Fees:

<input type="checkbox"/>	Registration (one time only)	\$ 70.00
<input type="checkbox"/>	Tuition per semester	\$ 300.00
<input type="checkbox"/>	Others (see attached)	\$
<input type="checkbox"/>	Textbook	\$
	Total	\$

Payment Options:

<input type="checkbox"/> VISA/MC \$	<input type="checkbox"/> Check \$	<input type="checkbox"/> Cash \$
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Name:	CC# and Security Code # (3digit # of Back of your credit card)	Exp Date
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REGISTERING COURSES:

Code	Course Title	Unit	Day	Time	Instructor

Others Courses

<input type="checkbox"/> On-site	<input type="checkbox"/> Plan 1	<input type="checkbox"/> Plan 2	<input type="checkbox"/> Plan 3	<input type="checkbox"/> Plan 4	\$
<input type="checkbox"/> Off-site	<input type="checkbox"/> Plan 1	<input type="checkbox"/> Plan 2	<input type="checkbox"/> Plan 3	<input type="checkbox"/> Plan 4	\$
<input type="checkbox"/> Textbook					\$
Total					\$

<p><u>Age</u></p> <input type="checkbox"/> 14 - 19 <input type="checkbox"/> 20 – 29 <input type="checkbox"/> 30 – 39 <input type="checkbox"/> 40 – 49 <input type="checkbox"/> 50 – 59 <input type="checkbox"/> 60 or above	<p><u>Ethnicity</u></p> <input type="checkbox"/> Korean <input type="checkbox"/> Filipino <input type="checkbox"/> Caucasian <input type="checkbox"/> Chinese <input type="checkbox"/> African-American <input type="checkbox"/> Japanese <input type="checkbox"/> Russian <input type="checkbox"/> Latino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____	<p><u>Program Objective</u></p> <input type="checkbox"/> Job <input type="checkbox"/> Study <input type="checkbox"/> Job & Study
<p><u>Education Completed</u></p> <input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> University <input type="checkbox"/> Graduate	<p><u>Information Source</u></p> <input type="checkbox"/> Family/Friend <input type="checkbox"/> Advertisement/Newspaper <input type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Website/Email <input type="checkbox"/> Other	<p><u>Sex</u></p> <input type="checkbox"/> Male <input type="checkbox"/> Female
<p><u>Immigration Status</u></p> <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> F-1 <input type="checkbox"/> Other		

SIGNATURE OF STUDENT: _____

DATE: _____