

Martin Methodist College

INTERNATIONAL STUDIES PROGRAM (ISP)

The French Linguistic Cultural Immersion Program

2006

REGISTRATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ CITY: _____

PASSPORT NUMBER: _____

ISSUED: _____ EXPIRATION DATE: _____

CONTACT PERSON: _____ PHONE: _____

RELATION TO STUDENT: _____

E-MAIL ADDRESS: _____

CREDIT: _____ NON-CREDIT: _____

NATIONALITY: _____ VISA: _____

MOTHER'S MAIDEN NAME: _____

MEDICAL CONCERNS: _____

SPECIAL MEDICINE: _____

PAYMENTS: Deposit (\$500): _____
 First Payment (\$1000 - Due March 1, 2006): _____
 Second Payment (Balance - Due May 1, 2006): _____