INTERNATIONAL TEACHING ASSISTANT TRAINING PROGRAM
REGISTRATION FORM

NAME:

(Family) ____________________
(First) ____________________

___ Male ___ Female

BIRTHDATE: __________________________

ADDRESS:

__________________________________
(in your country)

__________________________________
(in the U.S.)

TELEPHONE: __________________________

(at your present address)

EMAIL: ______________________________________

GRADUATE DEPARTMENT AT UNIVERSITY OF DELAWARE:

__________________________________

HOUSING: I will need dormitory housing ___ yes ___ no

___ single room ($39.50 per night)

I am married and will also need housing for my ___ wife ___ husband.

___ double room ($25.70 per night)

I will arrive at the English Language Institute on Wednesday, July 15, 2008 at 9:00 am for testing, orientation and housing.

_______________________________ signature

PLEASE MAIL OR FAX THIS FORM BY JUNE 3, 2008 TO:

Mrs. Mary Politakis
Office of Foreign Students and Scholars
University of Delaware
Newark, DE 19716
FAX: 302-831-2123
EMAIL: maryp@udel.edu