



Georgia Institute of Technology – Language Institute
Electives Program Registration Form
Spring 1 2015

Starts January 20, 2015*

Registration Deadline: Friday, January 16, 2015 at 5:00pm

Level	Course	Day	Time	Fee	Textbook
Intermediate – Advanced (400-700 Level)	TOEFL: <u>Speaking</u> Skills & Practice	Mondays	2:20 – 3:15	\$ 80	Longman Preparation Course for the TOEFL Test: iBT Student Book + CD-ROM with Answer Key and iTest 2nd Edition ISBN# 978-0-13-324800-5
Intermediate – Advanced (400-700 Level)	TOEFL: <u>Listening</u> Skills & Practice	Tuesdays	2:20 – 3:15	\$ 80	Longman Preparation Course for the TOEFL Test: iBT Student Book + CD-ROM with Answer Key and iTest 2nd Edition ISBN# 978-0-13-324800-5
Intermediate – Advanced (400-700 Level)	TOEFL: <u>Writing</u> Skills & Practice	Wednesdays	2:20 – 3:15	\$ 80	Longman Preparation Course for the TOEFL Test: iBT Student Book + CD-ROM with Answer Key and iTest 2nd Edition ISBN# 978-0-13-324800-5
Intermediate – Advanced (400-700 Level)	TOEFL: <u>Reading</u> Skills & Practice	Thursdays	2:20– 3:15	\$ 80	Longman Preparation Course for the TOEFL Test: iBT Student Book + CD-ROM with Answer Key and iTest 2nd Edition ISBN# 978-0-13-324800-5
Advanced (600-700)	Vocabulary for Science and Technology	Tuesdays Thursdays	2:20-4:40	\$ 240	TBA

Check the course(s) you are registering for. Write the total fee due in the box at the bottom.

___ TOEFL Speaking (10123) \$ _____
 ___ TOEFL Listening (10122) \$ _____
 ___ TOEFL Writing (10124) \$ _____
 ___ TOEFL Reading (10121) \$ _____
 ___ Vocabulary for Science and Technology (10299) \$ _____
 Total \$ _____

*The TOEFL Speaking class will meet on **January 26, 2015** due to the Martin Luther King Holiday on January 19. The last class will meet on March 2, 2015.

Last Name: _____ First Name: _____ Date of Birth: ____ / ____ / ____
MONTH DAY YEAR

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____ Email: _____

Home Country: _____ Native Language: _____

GT ID Number (if known): _____ Gender: Male Female

***Check Enclosed** \$ _____ (Make payable to: Georgia Tech)

***Charge:** Visa American Express Mastercard Discover

Card Number: _____ Exp. _____

Name of Cardholder: _____ Signature of Cardholder: _____

No Refunds after Friday, January 16, 2015

Mailing/Street Address:

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 Atlanta, GA 30332-0374

Phone: 404 894-2425

Fax Number: 404-894-8755