



**International Graduate Student Prep Workshops**

Two-Week Session  
July 27 – August 7, 2009

**Registration Form**

Registration Deadline: July 17, 2009 at 5:00PM

	Course	Day	Dates	Time	Fee
	Academic Speaking	MWF	July 27 – August 7	1:00 – 3:00 pm	\$150
	Clearer Pronunciation	MWF	July 27 – August 7	10:00 am -12:00 pm	\$150
	GTA Training Course for International Students	TTh	July 28 – August 6	9:00-12:00 am	\$150
	Academic Writing	TTh	July 28 – August 6	1:00-4:00 pm	\$150
	<b>ALL 4 COURSES</b>	<b>SAVE \$100 DOLLARS</b>			<b>\$500</b>
	Level = Advanced	<b>TOTAL</b>			\$

Check  each course for which you would like to register. Enter your total class fee. Then, mail or fax this form with your payment by July 17, 2009 at 5:00PM.

**Please Print Clearly**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH DAY YEAR

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Nation of Birth \_\_\_\_\_ Native Language \_\_\_\_\_

GT ID Number (if known): \_\_\_\_\_

GT Department: \_\_\_\_\_

\*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 July 17, 2009 at 5:00PM**

**Mailing Address:** Language Institute  
 151 6<sup>th</sup> St NW  
 Georgia Institute of Technology  
 151 6<sup>th</sup> Street, NW, O'Keefe Building, South Wing  
 Atlanta, GA 30332-0374

**Phone:** 404 894-2425  
**Fax Number:** 404-894-8755