Registration Form / ESL

The Lingua Franca Institute
Washington University of Virginia

Student ID	Campus	Admission Year	Semester
	☐ Annandale VA ☐ Columbia MD		

Legal Name _____ (Last / Family) _____ (First/Given) _____ (Middle)

Date of Birth _____ (Month / Day / Year)

Gender ☐ Male ☐ Female

Current Address _____ (Street) _____ (City) _____ (State) _____ (Zipcode)

Cell Phone Home Phone E-mail

Status: ◯ Resident ◯ International _____ / ◯ Returning ◯ New ◯ Transfer

Class Registration

Direction - Plesase Check Preferred Class Hours

Preferred Class Hours: ☐ **9:00AM - 1:30PM** ☐ **6:00PM - 10:30PM**

Signature _____ Date ____ / ____ / ____ (Month / Day / Year)

Office Use Only

Class Code	Subject Name	Campus	Action	Date	Initial
		☐ Annandale VA ☐ Columbia MD	☐ Enroll ☐ Drop	____ / ____ / ____	_____
		☐ Annandale VA ☐ Columbia MD	☐ Enroll ☐ Drop	____ / ____ / ____	_____
		☐ Annandale VA ☐ Columbia MD	☐ Enroll ☐ Drop	____ / ____ / ____	_____

____ / ____