



COURSE REGISTRATION FORM

Identification					
Last name				First name	
Address					
City		Province		Postal Code	
Phone			Email		
Gender	<input type="checkbox"/> M <input type="checkbox"/> F				

PROGRAMME / PROGRAM			
Sessions intensives d'enrichissement pour enseignants de FLS / Intensive sessions for FSL teachers - ONLINE COURSE			
ÉTÉ 2021 / SUMMER 2021	Registration limit	Payment limit	Cancellation limit
Session 1 - July 5-9 & July 12-16, 2021	May 7 th , 2021	June 11 th , 2021	June 4 th , 2021
Session 2 - July 19-23 & July 26-30, 2021	May 7 th , 2021	June 11 th , 2021	June 4 th , 2021
Technical requirements and instructions for online course will be provided with registration.			

PAYMENT	
Please send completed form with payment of \$785 (material included, HST exempt) to the address below.	
CIAF - UMCS Att.: Mrs. Charline Godin-Landry 218, boul. J.-D. Gauthier Shippagan NB E8S 1P6 Tel.: (506) 336-3400 ext. 8205 / Fax : (506) 336-3478 Email : inscription-ciaf@umoncton.ca	Accepted payment methods are : - Credit card - Certified cheque - Money order - Bank draft - Cash or Debit card (at the Shippagan Campus)
Only full payment will guarantee registration. For cancellation prior to June 4 th , 2021, a \$150 cancellation fee will be charged.	

PROFESSIONAL SITUATION			
Position		Type of contract (B, D, other)	
School		Level (s)	<input type="checkbox"/> Elementary <input type="checkbox"/> High school <input type="checkbox"/> Other: _____
District		Program (s)	<input type="checkbox"/> Intensive French <input type="checkbox"/> Immersion <input type="checkbox"/> Other: _____

QUESTIONNAIRE		<i>Note : This is not a formal evaluation.</i>
How would you rate your present level of French?		
Oral expression	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	Oral comprehension <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Written expression	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	Written comprehension <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Have you had previous French second language training?		
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where ?		
Have you previously been assessed? If yes, when and at what level were you assessed?		
Level: _____ When: _____		

DECLARATION AND SIGNATURE	
I CERTIFY THAT ALL OF THE INFORMATION IN THIS APPLICATION IS COMPLETE AND CORRECT AND I AUTHORIZE THE UNIVERSITÉ DE MONCTON AND THE CIAF TO VERIFY ANY INFORMATION PROVIDED AS PART OF THIS APPLICATION. I AGREE TO BE BOUND BY THE RULES AND REGULATIONS OF THE UNIVERSITY, INCLUDING ANY REVISIONS, DELETIONS, AND/OR ADDITIONS TO BE MADE TO THEM IN THE FUTURE. THE INFORMATION YOU PROVIDE WILL BE CONFIDENTIAL AND TREATED IN ACCORDANCE WITH THE NEW BRUNSWICK PROTECTION OF PERSONAL INFORMATION ACT.	
Participant	Date