

REGISTRATION FORM



COLEGIO DE ESPAÑOL
Y CULTURA MEXICANA
UNIVERSIDAD

GENERAL INFORMATION:

1. _____
First name Middle name Last name
2. _____
Country State (Province) ZIP
3. _____
City Mailing Address Date of Birth
4. _____
Telephone E-mail Fax Place of birth Nationality Gender: F M
5. Where are you currently enrolled? _____ Graduated Undergraduated

INDICATE SESSION (S) YOU WILL ATTEND: Guadalajara Puerto Vallarta

- () 2 week Intensive Program / 5 hrs. Per day – Monday to Friday. Dates _____ to _____
() 4 week Semi-Intensive Program / 2.5 hrs. Per day- Monday to Friday. Dates _____ to _____
() 5 week Summer Program / 2.5 hrs. Per day -Monday to Thursday. Dates _____ to _____
() 5 week Summer Program / 5 hrs. Per day -Monday to Thursday. Dates _____ to _____
() One to One private instruction / Hours per day _____ Dates _____ to _____
() Other: _____ / Hours per day _____ Dates _____ to _____

Will you study to earn credits? yes no

INFORMATION FOR HOUSING PLACEMENT:

- I want to lodge in with a Mexican family **Pick up Service**
 Private room Shared room yes no
I prefer a host family
 with children without children no preference
 with pets without pets no preference
 smoking non smoking no preference

Special requests: _____

- I do not require lodging, I will arrange housing on my own.

Contact in case of emergency: _____

International Insurance coverage information: _____

If you have any medical condition please explain: _____

Type of blood: _____

PAYMENT METHOD:

Registration fee: 125.00 USD

- VISA Mastercard

Name of cardholder: _____

Credit card number: _____

Expiration Date: _____

CVV or CVC: _____ SIGNATURE: _____

I certify that the above information is true and correct. If admitted, I agree to abide by all regulations established by Colegio de Español y Cultura Mexicana. By signing this document, I agree to pay the total amount stated by myself, and authorize Colegio de Español y Cultura Mexicana to charge my credit card.