

Quuquuatsa Language Society

5424 Compton Rd Port Alberni BC V9Y 8X6

Phone: 250-720-5501 email: coordinator@quuquuatsa.ca

Nuuchahnulth Language Class - Kyuquot-Checlesheht dialect With Al Vincent, Tess Smith, and Adam Werle

Dates: Wednesday, September 16, 2015 to December 2, 2015

Time: 6pm-9pm each Wednesday

Location: Houpsitas, BC

Personal Information

First Name: _____ Last Name: _____

Date of Birth: _____

Phone Number: _____ Email: _____

Student Signature: _____ Date: _____

Yes, I give permission for my personal and contact information to appear on the course participant list. I understand that this list will be used for class-related purposes only and that my information will not be further distributed in anyway.

Method of Payment

1. First Nation Band Office/Organization: _____

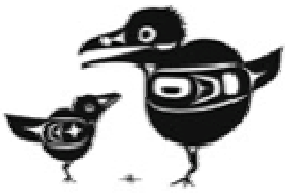
Contact Full Name: _____ email: _____

Phone: _____ TXT? ___ Y or No___ Fax: _____

2. Quuquuatsa Credit for Artwork Submitted: Date Recieved: _____

Assessed Value: _____ Adjudicator: _____

3. \$300 Tuition Recieved by: _____ Date: _____



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Background Information:

Please complete the sections relevant to your background and interests:

Tell us how you plan to use the Nuuchahnulth language in your workplace or at home.

Describe your ability to speak, read, or write in Nuuchahnulth.

What is your goal in learning Nuuchahnulth language?

Do you plan to take other courses following this one? yes no

What courses are you interested in registering for after this one?

Disclaimer

Quuquatsa Language Society reserves the right to cancel or reschedule courses without notice. If a course is cancelled/rescheduled, the liability of Quuquatsa Language Society (QLS) is limited to a refund of the course fee or Quuquatsa Credits. If desired the student may register for another course offered by QLS.

The information you provide is used for the purposes of admission and registration. Any reports issued by QLS will not provide personal information of students.

For office use only

Application approved for fall spring summer session

Approved by (name and title): _____

Application not approved due to: _____

Comments: _____

Date: _____ Signature: _____

Admission and registration materials sent. Date: _____