

# High School Application for Online Japanese Courses

**PLEASE PRINT** (DUPLICATE FORM AS NEEDED)

**Please note: Complete form in FULL, Please type or print legibly. Attach payment. Pay by check or money order made payable to The University of Alabama or by MasterCard/VISA/Discover. FEES ARE NOT REFUNDABLE AFTER 30 DAYS.**

Student SSN: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

City: \_\_\_\_\_ Country: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**(Required for online courses. Check email within 48 hours of submission of application for further instructions on how to begin your course.)**

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Work Phone: \_\_\_\_\_ ext \_\_\_\_\_

**TO BE SIGNED BY THE STUDENT AND PARENT (only if high school student taking for high school credit):**

I agree to observe all policies and guidelines established by the course Instructor with particular attention to submission of assignments, time limitation, and examination requirements.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

In addition to the above, I direct and authorize officials at The University of Alabama Division of Academic Outreach, to release and disclose to my child's high school principal, counselors, and other officials my child's educational records, including without limitation, coursework and homework assignments, course tests and test scores, and final course grade, for the distance education course(s) in which my child enrolls.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Course Number And Title	HS Credit or for Enrichment Purposes Only (check one)	Fee per Course	Course Fee
JA 101	<input type="checkbox"/> High School Credit <input type="checkbox"/> Enrichment Only	\$400.00	
JA 102	<input type="checkbox"/> High School Credit <input type="checkbox"/> Enrichment Only	\$400.00	
JA 201	<input type="checkbox"/> High School Credit <input type="checkbox"/> Enrichment Only	\$400.00	
Total Fees Included =			

**CREDIT CARD AUTHORIZATION:**

I wish to pay my charges by ( ) MasterCard ( ) VISA ( ) Discover

Cardholder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Full Name of School

\_\_\_\_\_  
School Address

\_\_\_\_\_  
City / State / Zip

\_\_\_\_\_  
Phone ( )

\_\_\_\_\_  
Fax

\_\_\_\_\_  
E-mail Address

**TO BE COMPLETED BY PRINCIPAL IF STUDENT IS IN SCHOOL OR IF CREDIT IS FOR GRADUATION REQUIREMENTS.**

**AUTHORIZATION TO ENROLL:**

**Principal's signature**

\_\_\_\_\_

**Principal's Name PRINTED**

\_\_\_\_\_

**\*ALL SIGNATURES MUST BE OBTAINED BEFORE THIS APPLICATION WILL BE PROCESSED. APPLICATIONS WITH MISSING INFORMATION OR SIGNATURES WILL BE RETURNED TO THE STUDENT.**

**Note:** It is the goal of the University of Alabama, College of Continuing Studies that its programs be accessible to all persons. If you have a special need or accommodation for any of our programs, let us know by stating your request here:

\_\_\_\_\_  
\_\_\_\_\_

**Mail completed application to:**  
 High School Enrollment,  
 College of Continuing Studies  
 The University of Alabama  
 Box 870388  
 Tuscaloosa, Alabama 35487-0388

**Or fax to:**  
 (205) 348-0249

If you have any questions, call (205) 348-7642, or toll-free at 1-800-452-5971

**DO NOT WRITE IN THIS SPACE**  
 For office use only

Received: \_\_\_\_\_ Course: \_\_\_\_\_

Amt. Rec'd: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Mat. Sent: \_\_\_\_\_

\$0.25 of the registration fee goes to The Capstone Foundation to cover its share of this course