



SHORT-TERM PROGRAM INTEREST

School/Group Name

School/Group Location

Contact Name

Contact Email: _____

Contact Phone

Reason for Program

Cultural Experience

American University Preparation

English for Specific Purposes (Please specify purpose) _____

Improve TOEFL scores

Other (Please specify)

Specify Purpose:

Specify Other:

Are there specific topics you are interested in?

Preferred Length of Program

2 weeks

3 weeks

4 weeks

5 weeks

other

Specify Other

When would you like this program to be held? (Must be at least 60 days from date this form is received.)

Number of Students Anticipated: _____

Language spoken

Ages of students

15-17

18-20

21-24

25+

Under 15 _____

Comments/Questions

Please email this form to: lcargile@miracosta.edu

760-757-2121 Ext 6590 for questions.