



## ITA ORAL SKILLS COURSE REGISTRATION

I wish to enroll in the ITA Oral Skills course for:

Semester: Fall / Spring      Year: \_\_\_\_\_

I am responsible for the cost of the ITA Oral Skills Course

*Note: Tuition payment is due before the first day of class.*

I wish to pay on the installment plan. I understand that there is a charge of 1.5% per month on unpaid balances.

I have submitted a letter or email from my department which states that the department will pay for my tuition.

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

Address in Milwaukee \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

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

Office Use:

Final MITAA Date: \_\_\_\_\_ Final Score: \_\_\_\_\_