CCSU
Central Connecticut State University

SUMMER 2026 - INSTITUTE FOR TEACHERS OF SPANISH

Banner ID Number (currently / previously attended CCSU): _____
OR
Social Security Number (new participants only): _____ | _____ | _____
Date of Birth: _____ | _____ | _____
Month Day Year

SEND REGISTRATION FORM TO:
Dr. Rocio Fuentes, World Languages Dept.
Central Connecticut State University
1615 Stanley Street
New Britain, CT 06050-4010

Last Name_____ First Name_____ M.I._____
Street Address_____ Apt.#_____
City_____ State_____ Zip_____
Home phone_____ Work phone_____
Employer _____ Job Title_____

Statistical purposes only; Response is optional:

ETHNICITY (select one)
☐ Hispanic or Latino ☐ Not Hispanic or Latino

RACE (select all that apply)
☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

I WOULD LIKE TO REGISTER FOR THE FOLLOWING COURSES:

CRN	COURSE	TITLE	CREDIT
51461	WL 550 81	ISML: Topics of Spanish Speaking World	3
51462	WL 550 82	ISML: Latin American Culture & Society	3
51463	WL 550 83	ISML: Spanish Culture & Society	3

COURSE FEES	In-state	Out-of-state
Course Fees	$7281.00	$7425.00
Registration Fees	+$65.00	+$65.00
Balance Due	$7346.00	$7490.00

Online fees are non-refundable.
All fees are subject to change.

PAYMENT INFORMATION

ITML - SUMMER 2026

If paying by check or money order, please submit payment with your registration. For credit card or eCheck payments, you will receive an eBill to your CCSU email account and must make payment online. All credit card transactions at CCSU are subject to a 2.95% convenience fee (CCSU accepts MasterCard and Discover)

I understand that registering for classes at Central Connecticut State University will generate charges that I am legally obligated to pay in accordance with University payment deadlines and/or formal withdrawal policies. I also understand that any unpaid financial obligation may be referred to the University's contracted collection agency and that I will be responsible for any related collection costs in addition to the amount due.

Student Name: _____ **Student ID Number:** ☐☐☐☐☐☐☐☐

Amount of payment: $_____ ☐ Check (payable to CCSU) ☐ Money Order ☐ Credit Card (attach receipt from online payment)

Student Signature: _____ **Date:** _____