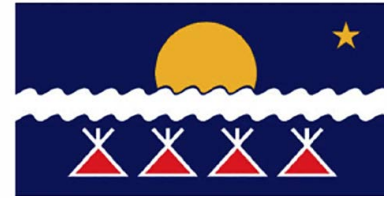


LING 159 Tłıchq Language Level 1
January 22 - 27, 2018, Behchoko, NWT

LING 259 Tłıchq Language Level 2
February 12 - 17, 2018, Behchoko, NWT

Tłıchq Ndek'áowo**Tłıchq Government****Personal Information**

First Name: _____ Last Name: _____

Date of Birth: Day: _____ Month: _____ Year: _____

Home Address: _____

Mailing Address: _____

Home Phone Number: Area Code: _____ Number: _____

Home Email Address: _____

- 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 any way.

University of Victoria Enrollment Status

- I am already admitted to UVic. My student number is: _____
- I am not a UVic student (I am submitting a UVic Application)

Please complete this form, then save and email it to calr@uvic.ca OR you may fax it to 250-721-8774

CONTINUING STUDIES@UVIC**CONTACT US**Program Coordinator
250-721-8504
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