

LAKE TAHOE COMMUNITY COLLEGE

INTERNATIONAL EDUCATION DEPARTMENT

FOREIGN LANGUAGE INSTITUTE COURSEWORK

Date: _____ Student's Name: _____ SS#: _____

Course: _____ Section: _____ Number of Units: _____ Quarter/Year _____

Course Start Date: _____ Course End Date _____ Instructor of Record _____

City _____ Country _____ Institute _____

Course: _____ Section: _____ Number of Units: _____ Quarter/Year _____

Course Start Date: _____ Course End Date _____ Instructor of Record _____

City _____ Country _____ Institute _____

Course: _____ Section: _____ Number of Units: _____ Quarter/Year _____

Course Start Date: _____ Course End Date _____ Instructor of Record _____

City _____ Country _____ Institute _____

_____/_____
Signature-Student Date

_____/_____
Signature- International Education Program Coordinator Date