East Bay World Language Project
Berkeley Language Center
University of California, Berkeley

TEACHER APPLICATION AND INFORMATION FORM

“Foundations of Effective Language Teaching I and II”
Connecting Teachers and Students to World Languages, 2012-13

Saturdays, 8:00-3:30: September 29, October 20, December 1, January 26, February 23

This Application is due Friday, September 14. The fees are due Friday, September 21.

A letter confirming registration will be emailed on September 17 and will include logistical information.

First Name ____________________________  Last Name ____________________________________
Home phone ________________________  Home email ______________________________________
Home address _______________________________________________  City ____________________ Zip _____________
School ____________________________________________________________
School address ________________________  City ____________________ Zip ______
District ______________________________________________________________________________
Work phone _________________________  Work email ______________________________________
Where do you prefer to receive mail? home___ work___  Where do you prefer to receive email? home___ work ___

Course Enrollment Selection:
1. I am enrolling in _____ Foundations of Effective Language Teaching I
   _____ Foundations of Effective Language Teaching II
2. My preferred area of concentration is (please number in order of preference if multiple interests):
   _____ World Languages
   _____ English Language Learners
   _____ Heritage Language Learners

Professional Information
> Language(s) taught ____________________________________  Grade / Levels _______________
> Years of teaching experience in the above language(s)____________________________
> Credential: _____ California Clear Credential in language taught  > NCLB Compliant? Yes___ No ___
   ____ Other (please explain.) ______________________________________________________
> Have you previously enrolled in programs of the California World Language Project?  Yes___ No ___
> If yes, please list the program(s) (including EBWLP) and year(s) of enrollment. _____________________

Select payment option ($250 or $220 if you have previously attended an EBWLP program):
___ enclosed personal check or money order payable to "UC Regents" for $_____
___ district check request or purchase order payable to the "UC Regents" for $_____
UC Berkeley’s federal tax ID number is: 94-6002123.

Mail application and payment to:
East Bay World Language Project
Berkeley Language Center
B-40 Dwinelle Hall, #2640
University of California
Berkeley, CA 94720-2640

Site Director:  Gail S. Hetler  email:  g-hetler@berkeley.edu  phone: 510-877-4002 ext. 15.
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