



Trenton Military Family Resource Centre
Centre de ressources pour les familles des militaires de Trenton

Registration Form Rosetta Stone Online Language Training

First Name: _____

Last Name: _____

Valid Email Address: _____

Home phone number: _____

Please check one of the following boxes:

- Military spouse Military dependant (16 years and older)
 Military member Civilian

Which language would you like to learn?

- French English

Did you already participate in Rosetta Stone Online Language Training?

- Yes No

Do you have the ability to self-guide and self-pace in an online environment?

- Yes No

Are you able to adjust computer settings and install/download software applications (if needed)?

- Yes No (If no, technical support is provided by Rosetta Stone.)

Why do you want to participate in this Online Language Training Program (motivations/reasons)?

Please check all boxes that apply.

- To work or to get a job
 To learn basic concepts of this language
 To improve the knowledge I already have
 A desire to interact and communicate with others in this language (spouse, friends, family, colleagues, etc)
 To keep my mind active
 To become more comfortable in my new community where I do not speak the local language
 To open myself to another culture and language
 My passion for learning languages
 Other. Please specify: _____

How many hours per week do you plan to devote to Online Language Training?

- 1 to 3 4 to 6 7 to 9 10 to 12 Other (Please specify: _____)

AGREEMENT AND CONSENT

(Please read carefully and sign)

I do hereby confirm that I have received and read the Rosetta Stone Online Language Training Policy, and understood its' content. I agree to respect the policy for the duration of my online training and I understand that my licence could be revoked at any time if I do not comply with the requirements contained within the policy.

Signature: _____ Date: _____