

ENROLMENT FORM

Name:

Surname: m f

Nationality:

Place of birth: Date of birth:

Permanent address:

City Post/Zip Code: Country:

Tel: Fax: E-mail:

University: Profession:

I would like to attend the following course(s) from to (..... weeks):

Standard course

Intensive course

Conversation course

Special individual course of:

Special mini-group course of:

Individual course, special interest:

Please, state your level:

Beginner

Advanced beginner (- A1*)

Intermediate 1 (A2*)

Intermediate 2 (B1*)

Intermediate 3 (B2*)

Advanced (C1*)

*) Common European Framework Levels

Have you already attended other courses of Italian? no yes

Where? For how long?

Accommodation: no yes

Please, write TWO possibilities:

1. 2.

How did you get to know about COMITATO LINGUISTICO?

DATE SIGNATURE

I attach herewith documentation of payment of enrolment fee.

Please send this form by PRIORITY MAIL, FAX or E-MAIL 3 weeks before the beginning of the course to:

COMITATO LINGUISTICO A.I.C.S.
Largo Cacciatori delle Alpi 5, 3rd floor,
(corner Piazza Partigiani,
between the *Banca dell'Umbria* and the *Infotourist point*)
Tel. and fax: : +39.0755721471 or +39.0755734258
Internet: www.comitatolinguistico.com
E-mail: info@comitatolinguistico.com