



Application form

	<i>Please fill in with capitals</i>
Name	
Surname	
Address	
Telephone home / work	
Telephone mobile	
Email address	
Skype name	
M / F and date of birth	
Nationality	
face-to-face / Skype	
During the day / evening / weekend	
Native language and other language(s)	
When do you want to do the exam?	May / November
Which exam do you wish to take?	<ul style="list-style-type: none"><input type="radio"/> Informal language proficiency (A2)<input type="radio"/> Formal language proficiency (B1)<input type="radio"/> Professional language proficiency (B2)<input type="radio"/> Language proficiency higher education (B2)<input type="radio"/> Academic language proficiency (C1)

Place _____

Date _____

Signature _____