



Enrolment form

Personal details

Mr.	Mrs.	Name:	First name:
Address:			City / Country:
Tel.:			E-Mail:

Course details *(tick the appropriate case)*

Course type	Lessons per week	From (DD/MM/YYYY)	Duration (weeks)
Standard Group	20		
One-to-one 10	10		
One-to-one 20	20		
One-to-one 30	30		
One-to-one 40	40		

Mother tongue:	Other spoken languages:
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How to you assess your level of Russian? (please refer to our level description in our catalogue)

<input type="checkbox"/> A1 - Beginner	<input type="checkbox"/> A2 - Elementary	<input type="checkbox"/> B1 - Intermediate	<input type="checkbox"/> B2 - Upper intermediate	<input type="checkbox"/> C1 - Advanced
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In which context have you learnt Russian before?

Accommodation and transfer *(only if necessary)*

Type	From (DD/MM/YYYY)	Duration (weeks)	Requirements
<input type="checkbox"/> Homestay			
<input type="checkbox"/> Transfer	<input type="checkbox"/> Arrival	<input type="checkbox"/> Departure	

Visa related details

City of the consulate where you will submit your application:

Passport N°:	Passport issue and expiry dates:
Nationality:	Place and date of birth:

Profession, employer and work / study address:

Date of entrance and exit written on the visa: from _____ until _____

All data will be treated confidentially. However, some will be forwarded to the Russian consular authorities.

Date: _____ Name: _____

By checking this box, I certify that the information completed in this form is true and complete to the best of my knowledge. I agree to the general terms of participation.