



# Enrolment form

## Personal details

Mr.	Mrs.	Name:	First name:
Address:			Date of birth:
Tel.:			E-Mail:

## Passport information

Passport N°:	Nationality:
Passport expiry:	Issuing authority:

## Course details *(tick the appropriate case)*

Course type	Lessons (90min)/week	From (DD/MM/YYYY)	Duration (weeks)
<input type="checkbox"/> Intensive Group	10		
<input type="checkbox"/> Standard Group	2-3		
<input type="checkbox"/> One-to-one - 10 lessons			
<input type="checkbox"/> One-to-one - 20 lessons			
<input type="checkbox"/> One-to-one - 40 lessons			

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)

A1 - Beginner	A2 - Elementary	B1 - Intermediate	B2 - Upper intermediate	C1 - Advanced
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In which context have you learnt Russian before?

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.*