

CORSI DI LINGUA ITALIANA ITALIAN LANGUAGE COURSES

REGISTRATION FORM

Name and Surname:

Date and place of birth (G.C.) d...../m...../y.....,.....

Nationality

Address

Mobile tel. email

Education

Occupation at

Course Level: ☐ A1 ☐ A2 ☐ B1 ☐ B2 ☐ C1 ☐ C2

How many times and hours per week do you want to learn Italian language?

☐ 2 times ☐ 3 times ☐ 4 times Other
☐ 3 hrs ☐ 4 hrs ☐ 6 hrs Other

Which days of the week do you want to learn Italian language?

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday
☐ Friday ☐ Saturday ☐ Sunday

What time would you like the lesson to start approximately?

☐ 08:30 ☐ 09:00* ☐ 10:00 ☐ 11:00
☐ 12:00 ☐ 13:00 ☐ 14:00 ☐ 15:00
☐ 16:00 ☐ 17:00* ☐ 17:30* ☐ Other * Preferred time by our students

Known languages: ☐ Amharic ☐ English Other

How did you know about the Italian Cultural Institute language courses?

☐ Our web site ☐ Facebook ☐ Instagram ☐ Radio
☐ Poster ☐ Newspaper ☐ Word of mouth

Other

What inspire your interest in learning Italian language?

☐ Job ☐ Study ☐ Tourism ☐ Citizenship exam
☐ Italian relatives ☐ Italian spouse ☐ Hobby ☐ Children attend Italian School

- The Italian Cultural Institute reserves the right to evaluate the activation or not of the courses according to the number of candidates enrolled, or merge two groups into one, if the number of registered students is too small to warrant a separate class.

- Please note that any request of reimbursement cannot be accepted.

- I hereby authorize the use of my personal data in accordance to the GDPR 679/16 – “European regulation on the protection of personal data”.

Addis Ababa, ____ / ____ / 202 ____

Receipt n.

Signature