

REGISTRATION FORM



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PERSONAL INFORMATION Surname Given name Male Female E-mail Address City Post Code Country Home Phone Mobile Phone **PASSPORT INFORMATION** Nationality Date of Birth Place of Birth **Passport Number** Passport Date of Issue

Passport Expiration Date
Passport Place of Issue
STUDENT / PROFESSIONAL STATUS
°Are you currently a student? Name of Institution
Location
Field of Study
°If you are currently working, please detail your professional status: Current Profession
Employer
°If you are not a student or you are not currently working please specify:
KNOWLEDGE OF THE LANGUAGE
Have you already studied Italian?
If so, for how long? And where?
Level of comprehension (choose among: Zero/Little/Average/Good/Excellent)
Level of communication (choose among: Zero/Little/Average/Good/Excellent)

Would like the school's secretary to reserve the accommodation for you?
Do you have any special requirements?
Please specify which kind of accommodation do you prefer (choose among: shared room/single room/double room/flat)?
General Information
☐ I have read the General Information and I agree to it.

ACCOMMODATION

Signature