

Centro Linguistico dell'Università di Trieste

"TANDEM LEARNING" APPLICATION FORM

SEND TO: CLA@UNITS.IT

Name _____ Surname _____

Place of birth _____ (_____) Date of birth ____/____/____

Nationality _____ First language _____

e-mail _____

Department / Degree course:

Student ID number _____

Requested language _____

Estimated level of competence Absolute beginner
 Beginner
 Intermediate
 Advanced

Date _____

Signature _____
