

Multimedia *FRENCH AS A FOREIGN LANGUAGE* Summer Campus

PERSONAL DATA

LAST NAME NAME

Date and place of birth

Home University

Nationality

Mobile Email

STUDIES

Field and level of studies:

LANGUAGE SKILLS

PLEASE INDICATE YOUR LANGUAGE LEVEL IN FRENCH (If in doubt, please tick 2 boxes)

- | | |
|--|--|
| <input type="checkbox"/> LEVEL A1 (Beginner) | <input type="checkbox"/> LEVEL A2 (Elementary) |
| <input type="checkbox"/> LEVEL B1 (Intermediate) | <input type="checkbox"/> LEVEL B2 (Upper Intermediate) |
| <input type="checkbox"/> LEVEL C1 (Advanced) | <input type="checkbox"/> LEVEL C2 (Proficiency) |

Number of years of French study:

SUMMER CAMPUS

Please indicate your choice of dates for the course:

- 14 05 2017 to 23 05 2017
 11 06 2017 to 20 06 2017
 25 06 2017 to 04 07 2017