

Buddy Program

Buddy Application Form (for local students)

Please fill out this form and send it back to : buddyprogram@univ-tln.fr

Name:

Surname:

Birth year:

Gender: ☐ Man ☐ Woman ☐ I prefer not to say

Email:

Phone number:

Nationality:

Name of the diploma/degree:

Year of study (ex: L1) :

Would you like to apply to have your commitment valued?

☐ Yes ☐ No

Foreign Languages

Mother Tongue:

Second Language: Level: ☐ Beginner ☐ Medium ☐ Advanced

Third Language: Level: ☐ Beginner ☐ Medium ☐ Advanced

Comments : What are your hobbies? Do you have any preferences in terms of a buddy?
