

SUMMER 2017 - REGISTRATION FORM

Name:

Age: **Nationality:**

Profession:

Educational Background:

Address:

.....

Tel.: **e-mail:**

Mother Tongue(s):

Foreign Language(s):

1. very good good fair a little

2. very good good fair a little

Did you ever have Modern Greek language courses before? yes no

If yes how many hours per week? and for how many years?

Which level would you like to attend?

beginners

intermediate

advanced

Please note:

- Students under the age of 18 are not accepted in the course.