



Enrolment form

Personal details

Mr. / Mrs.	Family name:	First name:
Address:		Zip / city / country:
Tel.:		E-Mail:

Course details *(tick the appropriate case)*

Course type	Place of study	Lessons per week	From (DD/MM/YY)	Length (weeks)
Group Standard	<input type="checkbox"/> Moscow <input type="checkbox"/> Nizhny Novgorod	20	/ /	
One-to-one 10	<input type="checkbox"/> Moscow <input type="checkbox"/> Nizhny Novgorod	10	/ /	
One-to-one 20	<input type="checkbox"/> Moscow <input type="checkbox"/> Nizhny Novgorod	20	/ /	
One-to-one 30	<input type="checkbox"/> Moscow <input type="checkbox"/> Nizhny Novgorod	30	/ /	
One-to-one 40	<input type="checkbox"/> Moscow <input type="checkbox"/> Nizhny Novgorod	40	/ /	
Additional lessons	<input type="checkbox"/> Moscow <input type="checkbox"/> Nizhny Novgorod	—	/ /	

Mother tongue:	Other languages:
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How do you assess your level of Russian *(please refer to our level descriptions in our brochure)*

<input type="checkbox"/> A1 - Beginner	<input type="checkbox"/> A2 - Elementary	<input type="checkbox"/> B1 - Intermediate	<input type="checkbox"/> B2 - Upper-int.	<input type="checkbox"/> C1 - Advanced
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In which context have you learnt Russian before?

Accommodation details *(only when necessary)*

Type	Comments / Requirements	From (DD/MM/YY)	Length (weeks)
<input type="checkbox"/> Homestay		/ /	
<input type="checkbox"/> Hostel		/ /	
<input type="checkbox"/> Hotel*		/ /	
<input type="checkbox"/> Shared flat		/ /	
<input type="checkbox"/> Transfer	<input type="checkbox"/> Arrival	<input type="checkbox"/> Departure	

* For accommodation in Hotel or in Apartment we will contact you to be sure that we will meet your requirements.

Visa related details

Location of the consulate when you will submit your application:

Passport №:	Passport issue and expiry dates:
Nationality:	Place and date of birth:

Profession, employer and work / study address:

With your signature you agree to the general terms of participation. All data will be treated confidentially. However, some will be forwarded to the Russian consular authorities.

Date: _____ Name: _____ Signature: _____