

Registration Form LANGUAGE TANDEM

The undersigned

Name_____

Surname_____

Gender: ☐ M ☐ F

Date of birth_____

Nationality_____

Mother Tongue_____

Course of Study_____

E-mail_____ Phone_____

Residence:

Address_____ City_____

Languages offered_____ Target Language_____

Personal Interests (cinema, sports, music...)_____

Preferred time frame for the Tandem: from_____ to_____

Number of hours per week for Tandem activities_____

Time availability: ☐ Morning ☐ Afternoon ☐ Evening

AUTHORIZES

pursuant to articles 13 and 14 of the GDPR (EU Regulation 2016/679)

the University of Cassino and Southern Lazio - Language Center, to process the aforementioned data in paper and electronic format, exclusively for internal purposes. The provision of such data is mandatory for enrollment in the Language Tandem.

Date_____

Signature
