

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
