

# APPLICATION FORM

First & the last name \_\_\_\_\_

Date of birth \_\_\_\_\_

Nationality \_\_\_\_\_

Sex \_\_\_\_\_

Full Address \_\_\_\_\_

Tel. / Fax \_\_\_\_\_ E-mail \_\_\_\_\_

## Questionnaire

Which Croatian Language course do you wish to apply for?

\_\_\_\_\_

(Indicate the course you desire, how many weeks and when and for program C indicate the beginning and duration you desire.)

Why are you studying Croatian?

\_\_\_\_\_

Your knowledge of Croatian:

- I.      a) beginner  
          b) intermediate  
          c) advanced

- II.    a) Comprehension    none    little    good    excellent  
          b) Speaking            none    little    good    excellent  
          c) Reading            none    little    good    excellent  
          d) Writing            none    little    good    excellent

Profession .....

Do you need lodgings?

- a) Yes  
b) No

Signature \_\_\_\_\_

Date \_\_\_\_\_