



REGISTRATION FORM

LANGUAGE SKILLS ITALIAN LANGUAGE

Note: This form represents the understanding of the parties regarding the conduct of the foreign language course.

Name- Surname	
Adress	
ID/Passport number	
Occupation – Function	
Contacts (phone, email)	
Current language level (A1/A2, B1/B2, C1/C2)	
In order to take the language proficiency course, I declare that I have a computer equipped with a web camera and microphone, speakers/headphones, a good internet connection, and the Zoom audio-video application installed. The impossibility of presenting/participating in the course on the scheduled dates and times, under specific exam conditions, for reasons attributable to the candidates (including non-functioning or poor functioning of technical equipment and internet connection), as well as failure to pass the exam, solely on the responsibility of the candidates and do not allow the refund of the fee.	

Date,

Signature,