



LANGUAGE CENTRE APPLICATION FORM

UNIVERSITY of LIMERICK

OLLSCOIL LUIMNIGH

Please Complete This Form In Block Capitals

PERSONAL DETAILS

Family Name(s): _____

Given Name(s): _____

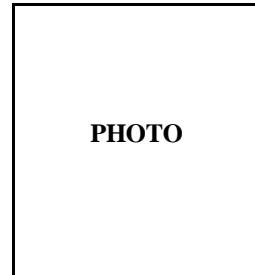
Nationality: _____

Passport Number: _____

Date of Birth: _____

Male:

Female:



PHOTO

Occupation: _____ Native language: _____

Other languages you speak fluently: _____

Full address for correspondence: _____

Telephone: _____

Fax: _____

Email: _____

Please give the name and address of the person to be contacted in case of emergency:

Telephone: _____

Fax: _____

PRESENT LEVEL OF ENGLISH

How long have you been studying English? _____

Please rate your level in the following skills by ticking the grid:

	Elementary	Lower Intermediate	Intermediate	Upper Intermediate	Advanced
Speaking					
Listening/Understanding					
Reading					
Writing					

Please give details of any English Language Examinations you have already taken in the last five years and give scores achieved.

ACCOMMODATION

Do you want the University of Limerick Language Centre to arrange accommodation for you?

Yes No

If yes, please choose one of the following:

Campus Accommodation (self-catering) Homestay

Do you smoke? Yes No

Any other relevant information: _____

Date and time of arrival: _____ Date and time of departure: _____

AREAS OF INTEREST

Please range the following areas according to your interest (1: very high; 2: high; 3: intermediate)

- Sports
- Music
- Culture
- Traditions
- Dance
- Literature
- Cinema
- Theatre
- TV
- Science
- History
- Arts



Type of Course: **Tailor made for CII**

Duration: _____

Dates: _____

I have read and accept the terms and conditions of enrolment.

Signature: _____

Date: _____

Signed by Parent or Guardian:

Signature: _____

Full Name: _____

This language course will be tailor-made by the University of Limerick Language Centre
Sponsored and supervised by Colonias de Inmersión al Idioma.