APPLICATION FOR THE SERBIAN LANGUAGE COURSE

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| Name: |  |
| Date of Birth: |  |
| Place of Birth: |  |
| City and country of residence: |  |
| Education: |  |
| Year of going to the diaspora:  (In case you are not of Serbian origin, skip this question) |  |
| Which day would be good for you for the first free trial lesson? |  |
| Mobile phone: |  |
| Email: |  |
| Skype account: |  |
| Rate your knowledge of English from 1 to 5, with 1 being the least knowledgeable and 5 being the highest: | Reading:  Writing:  Speak: |
| Rate your knowledge of Serbian from 1 to 5, with 1 being the least knowledgeable and 5 being the highest: | Reading:  Writing:  Speak: |
| What other languages ​​do you use? Indicate language level. | Reading:  Writing:  Speak: |
| Check the Internet connection and enter the value: | Upload:  Download: |
| Do you have computer with speakers and camera? | Yes  No  (bold your answer) |
| If you decide to learn with us can you provide 45 minutes twice a week for three months Serbian lessons? | Yes  No  (bold your answer) |
| If you want to cancel a class, you can do 24 hours before the class starts. If you do not cancel or do not show up for class, we will consider the class held.  Do you agree? | Yes  No  (bold your answer) |
| In the case of minor children, do you agree to give your permission to participate in the Serbian language course? | Yes  No  (bold your answer) |
| What is your motive for learning Serbian? |  |
| How did you find out about Serbian language lessons via Skype? |  |

Thank you for your application!  
Team of the Academic Serbian Association