APPLICATION FOR A FREE GROUP COURSE OF THE SERBIAN LANGUAGE

|  |  |
| --- | --- |
| Name: |  |
| Date of Birth: |  |
| Place of Birth: |  |
| City and country of residence: |  |
| Education:  |  |
| Year of going to the diaspora: |  |
| Mobile phone: |  |
| E-mail: |  |
| Skype account:  |  |
| Rate your English language skills from 1 to 5, with 1 being the lowest and 5 being the highest: | Reading:Writing:Speaking: |
| Rate Serbian language skills from 1 to 5, with 1 being the lowest and 5 being the highest: | Reading:Writing:Speaking: |
| What other languages ​​do you use? Indicate the language skills level. | Reading:Writing:Speaking: |
| Check the Internet connection and enter the value: | Upload: Download: |
| Do you have a computer with speakers and a camera? | YesNo(bold your answer) |
| Can you spare one and a half hour twice a week for one month and a half? | YesNo(bold your answer) |
| The student has the right not to participate twice during the entire course. In case of a major absence, the student will not receive a certificate of attendance.Do you agree?  | YesNo(bold your answer) |
| In case minor children apply, do you agree to give your permission for their participation in the Serbian language course? |  |
| What is your motive for learning Serbian?  |  |
| How did you find out about for a free group Serbian language course via Skype?  |  |
| From which profile on Facebook you shared the announcement of the free course? |  |
| Have you ever attended a Serbian language course in the Academic Serbian Association? |  |

**Thank you for your application!
The team of the Academic Serbian Association**