

ENROLLMENT FORM FOR FOREIGN LANGUAGE COURSES 2018/19 WINTER

FAMILY NAME:	FIRST NAME:	
CEU status: VISITOR / ALUM / CEU (Please circle one)	Researcher, Other:	
CELL PHONE NUMBER:	E-MAIL:	
Address:		
ENGLISH LANGUAGE SKILLS: Please mention your overall English l	vel	
Course Details:		
Language: Chinese / French / Ge (Please circle one)	rman / Hungarian / Italian / Spanish	
	NTARY / ELEMENTARY II / PRE-INTERMEDIATE / PRE-INTERMEDIATE I PER INTERMEDIATE / UPPER INTERMEDIATE II / ADVANCED / ADVANC	
	GROUP NUMBER (IF APPLICABLE):	



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DECLARATION:

DATE:

By signing the present Enrollment Form I declare that the information provided above is true, complete and correct. I also understand that any willful dishonesty may render for refusal of this application or immediate termination of my enrollment.

I further declare that I have read, understood and accept the provisions of CEU's Privacy Notice and hereby give my explicit consent to the controlling of my personal data provided in this Enrolment Form by Central European University (Közép-európai Egyetem), Budapest for administration purposes related to my enrollment.

I HEREBY ENROLL FOR THE ABOVE MENTIONED COURSE AND I EXPLICITLY ACCEPT THE CONTRACT CONDITIONS TO BE FOUND AT https://caw.ceu.edu/foreign-language-policy-0
IN THE FOREIGN LANGUAGE POLICY SECTION.

	Signature
(THIS SECTION IS FOR INTERNAL USE ONLY, TO BE FILLED IN BY THE CASH DESK PERSON	NEL.)
PAYMENT DETAILS:	
Course Fee (HUF): 45000 HUF / 28000 HUF / 13000 HUF / 10000 HUF	Paid to Cash Desk on: