

## APPLICATION FORM Kaliningrad

Last name : \_\_\_\_\_ First name: \_\_\_\_\_ Sex:  female  male

Date of birth (mm/dd/yy): \_\_\_\_\_ Citizenship: \_\_\_\_\_

Street: \_\_\_\_\_ City and ZIP code: \_\_\_\_\_

Country: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone (private/work): \_\_\_\_\_ Fax: \_\_\_\_\_

Contact in case of emergency: \_\_\_\_\_

Russian language course from: \_\_\_\_\_ To: \_\_\_\_\_

Kind of course:  individual  20h/week  30h/week  
 courses and accommodation at the teacher's place  20h/week  30h/week  
 group (20h/week)  3 weeks programe  
 Summer course  I  II  III  IV

Have you previously followed a Russian language course? \_\_\_\_ Where? \_\_\_\_\_

Please evaluate your level: 0  1  2  3  4  5

Special requirements: \_\_\_\_\_

Accommodation:  family  apartment  hotel  no accommodation

From: \_\_\_\_\_ To: \_\_\_\_\_

If with a family:  no meal  1 meal/day  half board

For the transfer, please indicate: Flight/train number: \_\_\_\_\_ Arrival day: \_\_\_\_\_ Arrival time: \_\_\_\_\_

For the invitation, please indicate: No of passport: \_\_\_\_\_ valid until (mm/dd/yy): \_\_\_\_\_

Profession: \_\_\_\_\_ Employer: \_\_\_\_\_

Arrival in Russia: \_\_\_\_\_ Departure from Russia: \_\_\_\_\_

I CERTIFY THAT I HAVE READ AND THAT I AGREE WITH THE GENERAL CONDITIONS,  
ESPECIALLY WITH THE APPLICATION OF SWISS LAW

DATE \_\_\_\_\_

Name Surname \_\_\_\_\_

Please scan and send this application form to: [info@studyrussian.com](mailto:info@studyrussian.com) or per post We also need a scan copy of your passport.