

European Languagecenter

Private Languageschool – Brussels office



REGISTRATION FORM FOR INTERNSHIP PROGRAMS

PROGRAM NAME:	
DURATION:	
STUDENT NAME AND SURNAME:	
SCHOOL NAME :	CLASS:
NUMBER OF ID / PASSPORT:	SEX: FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>
DATE OF BIRTH:	PLACE OF BIRTH:
PASSPORT TYPE:	BURGUNDY <input type="checkbox"/> GREY <input type="checkbox"/> GREEN <input type="checkbox"/> BLACK <input type="checkbox"/>
HOME ADDRESS:	
HOME PHONE NUMBER:	
CELL PHONE NUMBER:	
E-MAIL :	

In order to complete the process of enrollment in the program that you have selected, please:

- 1) Complete the registration form here above and send it back to info@eu-languagecenter.com
- 2) Please print out our general terms and conditions, sign them and send the signed version back to info@eu-languagecenter.com You can find this document under relevant program section on our website.
- 3) Please send us your CV, "Learning Agreement" form and other required documents asked by your university to our e-mail address info@eu-languagecenter.com