

INSTITUTE OF LIFELONG LEARNING OF STU LANGUAGE CENTRE ILL STU

REGISTRATION

Before submitting the registration, plea	se check the entered data and especially the selected cours
Selected Module Course: *	Teaching in the: Slovak □ * or in English □ *
Name: *	Date of birth (day, month, year):
Surname: *	
Gender: Female □ Man □ *	Place of birth:
Achieved education:	
Title(s) before Name:	Title(s) after Name:
Address – City:	*
Address – Street	*
Address – Postcode: *	
Address – Country: *	
E-mail: *	
Phone / Mobile:	*
Date:	Signature:

An asterisk (*) designated data is mandatory!