Application Form to the Italian Language Course
University of Siena A.A. 2015/2016

Surname	**Name**
Native language	**Citizenship**
Phone number	
Place and date of birth	
Gender M ☐ F ☐	
E-mail (please, write in capital letters)	
Course of study at University of Siena and year of study	
☐ **80 Hours (from 23 November to the end of January – no classes from 19 December to 7 January)**	

1. **Hai già studiato italiano**? Sì ☐ No ☐
Have you ever studied Italian?

2. **Se sì, rispondi alle seguenti domande**:
If yes, please answer the following questions:

- **Hai frequentato un corso**? Sì ☐ No ☐

- **Per quanto tempo**? _____

- **Sei in possesso di un certificato che attesti il tuo livello di conoscenza dell'italiano**?
Sì ☐ No ☐

- **Se sì, quale**? _____

How did you get to know about the University of Siena?

- Web search ☐

- STUDYPORTALS ☐ MASTERSTUDIES.COM ☐ THE GRADUATE GUIDE ☐

- Word of mouth publicity ☐

- Other _____

Signature _____ *Date* _____