



# Kappa Language School

Italian Language and Culture in Rome

SOCIETA' DANTE ALIGHIERI  
IL MONDO IN ITALIANO



## APPLICATION FORM FOR ITALIAN LANGUAGE COURSES (For pre-registration)

Name(s) :

Surname(s) :

Sex :

Nationality :

Date of Birth (Day/Month/Year) : / /

Birthplace (Country/City) : ,

Telephone :

Fax :

Address :

E-mail :

How did you hear about us? :

Are you a Italian Studies Student? Yes  No

If you are an Italian Studies Student, please specify school name/department:

Course dates you wish to attend: From / / to / /

The course programme you prefer:

- 1 WEEK INTENSIVE COURSE (20 hours for 1 week)\*
- 2 WEEK INTENSIVE COURSE (40 hours for 2 weeks)\*
- STANDARD COURSE (40 hours for 1 month)
- COURSE FOR STUDY VISA (80 hours for 1 month)
- SPECIAL GROUP COURSE
- ONE-TO-ONE TUTORING for            hours

Do you wish to attend the PLIDA Certificate exam? Yes  No

\* Programs subject to availability.

I hereby understand that I'm fully responsible for arranging my own travel and medical insurance coverage. The insurance within school walls is instead included in the 20€ enrollment fee.

Date : / / Signature

**DO YOU REQUIRE ACCOMMODATION?** YES  NO

If "yes" the accommodation fee will include 60€ of commission.

**DO YOU REQUIRE AN ACCEPTANCE LETTER?** YES  NO

If "yes" you will be charged of 50€ to cover the cost of express mailing.

**Level of Italian**

If you're not a beginner or not in possess of valid certificate of proficiency you will also be tested upon your arrival.

	<b>Advanced</b>	<b>Intermediate</b>	<b>Beginner</b>	<b>Absolute Beginner</b>
<b>Speaking</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Understanding</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Reading</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Writing</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**Personal data protection policy (Legislative Decree no. 196/2003, Art. 7 – “Right of access to personal data and other rights”)**

I \_\_\_\_\_, having read and agreeing with the art. 13 of legislative decree 196/2003 give confirmation to use the required data according to the rules above mentioned.

**Date :**        /        /               **Signature**

**CORRESPONDENCE ADDRESSES:**

Kappa Language School

Via del Boschetto, 32

00184 – Rome – ITALY

**Tel/Fax:+90 064885753**

[www.kitaliano.com](http://www.kitaliano.com) and [info@kitaliano.com](mailto:info@kitaliano.com).