

Studium Intensywnej Nauki
Języka Angielskiego

English Language Centre



Registration Form
for an intensive English language course

Please write in CAPITALS

Mr*

Mrs*

Ms*

*Please tick (✓) as appropriate

Family Name

First Name(s)

Mother Tongue

Nationality

Date of Birth

Tel

E-mail

Home Address

Passport number

How long have you been studying English

How many hours a week on average

Please e-mail your completed Registration Form to: elcadm@elc.uni.wroc.pl