



University of Saint Joseph Mbarara

LANGUAGE CENTRE

REGISTRATION FORM

1. **Title:** Mr___/Mrs___/Dr___/Prof___/Rev.Fr___/Sr___/Other (Specify)_____
2. **Surname** : _____
3. **Other names:** _____
4. **Date of birth:** _____
5. **Nationality:** _____
6. **Sex:** Male_____/Female_____
7. **Profession:** _____
8. **Current occupation:**_____
9. **Work/residential Address:**_____
10. **Email address:** _____
11. **Tel. number(s)** _____
12. **Language applied for:** _____
13. **Level:** Beginner___/Intermediate___/Advanced___/Professional___
14. **Program:** Regular___/Semi-intensive___/Intensive___/Very Intensive___
15. **Session:** Mon/Wed/Frid____Tues/Thurs____Sat/Sun_____
16. **Time:** Morning (10-12)_____/afternoon(2-4pm)____evening(5-7pm)___
17. **Have you attended any lessons before?** Yes_____/No_____
18. **If yes, for how long?** _____
19. **Other languages known:**_____
20. Briefly state why you want to learn the language applied for:

Name _____ **Date** _____ **Sign:** _____

(NOTE: *Minimum number of 5 participants is required to start a session)*

FOR OFFICIAL USE ONLY:

Language _____ *Level* _____ *Session* _____ *Tutor* _____ *Venue* _____