

INFORMATION FORM

I hereby request to receive a registration form for the 2009 Summer Session in:

Moldova	Bulgaria	Slovakia	Turkey
Schloss Hofen (Austria)	Opole / Berlin / Strasbourg	Croatia	

Mr. Ms Surname: **First Name:** **Nationality:**
Date of birth: **Place of birth:**

Current address:

Street : n°
City: **Postal Code:** **Country:**
E.Mail : @

Current course of studies:

Degree Programme (e.g. Bachelor of Arts).....
Number of Years Completed
Major Field of Studies (e.g. Political Science).....

Professional experience (if any) or occupation, if not a student:

Linguistic knowledge: Mother tongue.....

French	Good	Average	Not at all
English	Good	Average	Not at all
German	Good	Average	Not at all

To receive the complete registration form, please return this form to:

Marie-France PERDIGON
Director of the Summer University Programme
CIFE - 10 Avenue des Fleurs - 06000 - NICE
marie-france.perdigon@cife.eu
direction.mfp@orange.fr