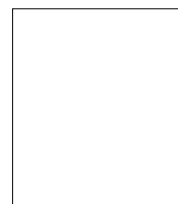


INSTITUT LINGUISTIQUE ADENET

APPLICATION FORM 2025



Mr Mrs Ms Miss

Name First Name

Date of birth

Street, Number City, Post Code

Country Nationality

Telephone Fax

E-mail

CHOICE OF COURSE

- | | |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Standard Course (20 lessons) | <input type="checkbox"/> Standard Course + One-to-One tuition (20 + 4 lessons) |
| <input type="checkbox"/> Intensive course (20 + 10 lessons) | <input type="checkbox"/> Standard Course + Business French (20 + 8 lessons) |
| <input type="checkbox"/> DELF/DALF Exam Preparation Course (20 + 10 lessons) | <input type="checkbox"/> One-to-One Tuition (..... lessons/week) |

I wish to prepare the DELF/DALF exam: DELF A1 DELF A2 DELF B1 DELF B2

DALF C1 DALF C2 DELF/DALF unit to be decided locally

Start of course End of course

Number of weeks

What is your current level ?

Beginner Advanced Beginner Elementary Intermediate 1 Intermediate 2 Advanced

How did you reach your current level ?

How long have you been studying French ?

Do you still study French ? If yes, where :

P.T.O.

INSTITUT LINGUISTIQUE ADENET

ACCOMMODATION

- Host family (no meals, kitchen access) Host family (breakfast only) Host family (half board)
- Room in student residence (single occupancy) Room in student residence (double occupancy)
- Apartment in Apart Hotel Hotel (category :)
- If you plan to make your own accommodation arrangements, please give us your address in Montpellier :

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ARRIVAL / DEPARTURE

I will arrive in Montpellier

- by plane by train by car
- Date of arrival Time of arrival Flight/Train N°.
- Date of departure Time of departure Flight/Train N°.

PAYMENT

Please do state your method of payment :

- Bank Transfer Credit card (MC, Visa, Eurocard) + 0.7% fee

HOW DID YOU HEAR ABOUT US ?

- From other participants:
- Advertisement in :
- Others :

Why did you chose I.L.A. ?

.....

I have read and accept the privacy policy. I agree that ILA processes my personal data.
I have read and accept the enrolment conditions:

Signature : Date : City :

The information collected on this form is recorded in a file computerized by ILA and are kept for 10 years, for the use of our customer management services.
In compliance with the law "Informatique et libertés" (data protection) (6/1/1978 modified in 2004) you may claim your access rights and request for data rectification
by contacting at ILA 33 Grand Rue Jean Moulin 34000 Montpellier or by mail at info@ila-france.com. For more details, please read our privacy policy.