

**PORTUGUESE LANGUAGE AND CULTURE
APPLICATION FORM**

Please tick as appropriate:

- Annual Course Summer Course
 Beginner Level Intermediate Level

COMPLETE NAME: _____
 PASSPORT NUMBER: _____ NATIONALITY: _____
 DATE OF BIRTH: ___/___/___ MALE FEMALE TELEPHONE NUMBER: _____
 ADDRESS: _____
 POSTCODE: _____ CITY _____ COUNTRY _____
 EMAIL _____
 EDUCATION LEVEL _____

LANGUAGE COMPETENCE (according to the European Language Levels)

Mother Tongue:			
Other Languages	Understanding (Reading and Listening)	Speaking	Writing
Portuguese			
English			
French			
Spanish			

Motivations for learning Portuguese:

ATTACHMENTS REQUIRED:

- Photocopy of passport
- [Curriculum Vitae in English](#).
- Certificate of education level (secondary school, BA, MA or other)

Please send the Application Form to:

Instituto Politécnico de Bragança - International Relations Office
 A/C Natália Santos
 Campus de Santa Apolónia 5300-253 Bragança - Portugal
 Phone +351 273 330 690; Fax +351 273 325 405

For further information please contact us via email at natalia@ipb.pt