Registration form

LINGUASKILL certified exam

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| **Name and surname** |  |
| **Correspondence address** |  |
| **E-mail** |  |
| **PESEL No.** |  |
| **Linguaskill Business****Module** |  **onsite exam at PUT □ online exam □****Listening and Reading □ Writing □ Speaking □** |
| **Linguaskill General****Module** |  **onsite exam at PUT □ online exam □****Listening and Reading □ Writing □ Speaking □** |  |
| **Conditions for taking the LINGUASKILL certified exam**1. Taking the exam is possible after sending the registration form and proof of payment to alicja.lamperska@put.poznan.pl
2. Payments must be made before taking the exam no later than 7 working days before the agreed date of the session. Payments cannot be transferred to third parties.
3. Payments should be made to the following bank account:

Poznan University of TechnologySantander Bank Polska S.A., account number 02 1090 1362 0000 0000 3601 7895Transfer title: for CJK, LINGUASKILL, name and surname1. The date and place of the exam will be provided by e-mail.
2. In order to take the exam, it is necessary to provide the exam board with a photo-bearing ID card.

 I have read the conditions for taking the LINGUASKILL certified exam. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(date and signature)** According to the Act of 29 August 1997 on the Protection of Personal Data, Journal of Law 133, item 883, I hereby agree to the processing of my data by the exam organizers. |