

EXAM REGISTRATION GOETHE-INSTITUT LJUBLJANA TEENAGERS



Please complete and sign the registration form and send it to:

Goethe-Institut Ljubljana
Mirje 12, 1000 Ljubljana

or

info-ljubljana@goethe.de

To be completed by Goethe-Institut

PTN: _____ Rechnungsnr: _____

1. PERSONAL DATA (mandatory)

* Surname (as stated in your identity document)	* First name (as stated in your identity document)
* Full address	
* Postcode	* City
* Country	Mother tongue
* Date of birth	* City and country of birth
* Tel. number - candidate	* Email - candidate
* Tel. number - parent/guardian	* Email - parent/guardian

* I attended a German course at Goethe-Institut:

No

Yes

Course

level/place: _____ Year: _____

Certificate collection:

I will collect the certificate in person during office hours.

The exam will be sent to me by post per registered mail.
Address (if different from the one listed above)

* Fields marked with an asterisk are required.

www.goethe.de

**GOETHE
INSTITUT**

Sprache. Kultur. Deutschland.

2. EXAM SELECTION

* Please select an exam and complete the exam date:

Exam	Date	Exam Fee
<input type="checkbox"/> Fit in Deutsch 1 (A1)	-----	€70
<input type="checkbox"/> Goethe-Zertifikat A2: Fit (A2)	-----	€75
<input type="checkbox"/> Goethe-Zertifikat B1 - Jugendliche		€175
Module: <input type="checkbox"/> Lesen <input type="checkbox"/> Hören <input type="checkbox"/> Schreiben <input type="checkbox"/> Sprechen	-----	Modul: €75
<input type="checkbox"/> Goethe-Zertifikat B2 - Jugendliche		€185
Module: <input type="checkbox"/> Lesen <input type="checkbox"/> Hören <input type="checkbox"/> Schreiben <input type="checkbox"/> Sprechen	-----	Modul: €80

3. PAYMENT (mandatory)

Please note: Upon receipt of your registration form, we will send you the invoice for the exam fee by email. Please pay the exam fee in due time.

*Please select:

- I want to pay through a **bank transfer**.
- The exam fee will be paid by a **company**:

Company name:	
Contact person at the company:	
Tel. number of the contact person:	
Email of the contact person:	
Address:	
Tax Identification Number:	

Signature and stamp of the company: _____

4. STATEMENT (mandatory)

I confirm my participation in the course as well as the accuracy of my data.
I confirm that I am acquainted with and accept the General Terms of Business and data protection .
Candidates with special needs can find further information on our website.

* x

Place

Date

Signature of parent/guardian