

Welcome to the Croatian Virtual Student Network

Please complete the following form to enrol in the Croatian Student Virtual Network language learning program:

Name and surname: _____

Email address: _____

Age up to 18, 20-30, 30-40, 40-50, 50-60, 60+

City: _____

Country: _____

Mother tongue: _____

Self-assessment of your Croatian level: Check the appropriate box for you regarding each skill:

	Beginner	Intermediate	Advanced
Listening skills			
Reading skills			
Writing skills			
Speaking skills			

Do you study the desired language in a language school, high school or university?

(*Please note that you do not need to be enrolled in an official language program to participate in the Croatian Virtual Student Network*)

Profession (so we can try to find a tandem partner for you with a similar profession):

Interests (so we can try to find a tandem partner for you with similar interests):

Comments or comments (optional):