CENTER FOR INTERNATIONAL EDUCATION, LA SALLE

**SPANISH PROGRAM – STUDENT INFORMATION**

PROGRAMA DE ESPAÑOL- INFORMACIÓN DEL ESTUDIANTE

DATE OF THE COURSE:

PERIODO DEL CURSO

Mr. (Sr.) Mrs. (Sra.) Miss. (Srita.)

FIRST, MIDDLE, LAST NAME:

NOMBRE(S), APELLIDOS

\*ADDRESS IN MEXICO DIRECCIÓN EN MEXICO

PHONE N. MOBILE

EMAIL:

\*EMERGENCY CONTACT IN MEXICO (name, phone, e-mail):

\*CONTACTO DE EMERGENCIA EN MEXICO (nombre, teléfono, email)

\*COUNTRY OF RESIDENCE:

\*PAÍS DE RESIDENCIA:

\*OCCUPATION /OCUPACIÓN

\*BIRTH COUNTRY: \*DATE OF BIRTH

PAÍS DE NACIMIENTO FECHA DE NACIMIENTO

\*NATIVE LANGUAGE: \*OTHER LANGUAGE(S)

LENGUA NATIVA OTROS IDIOMAS

\*HAVE YOU EVER STUDIED SPANISH BEFORE?:

ESTUDIOS PREVIOS DE ESPAÑOL

\*HOW DID YOU KNOW ABOUT OUR COURSES? FRIENDS INTERNET OTHER(S)

¿CÓMO SUPO DE NUESTRAS CLASES? AMIGOS OTRO(S)

Nota: Una vez empezado el curso no hay rembolsos. Cualquier cambio se cobrará el 20 % de gastos administrativos / *Once the course has begun, there are no refunds, and 20% administrative fee for any changes.*

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Firma del estudiante/ *student signature*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE: Don´t write bellow this, exclusive for Spanish Coordination Area**

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|  | **NIVEL** | | | | | | | | | | | | |
| **Semi**  **Intensivo**  A1  A2 | | 1 | **Semi**  **Intensivo**  B1 | 1 | **Intensivo**  A1 | 1a  Parte |  | **Intensivo**  A2 | 1a  Parte |  | **Intensivo**  B1 | 1a  Parte |  |
| 2 | 2 |
| 3 | 3 | 2a  Parte |  | 2a  Parte |  | 2a  Parte |  |
| 4 | 4 |

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| **Horarios** | | | | |
| Semi-Intensivo | 9:30-11:00 |  | Particular |  |
| 11:15-12:45 |  |
| 17:30-19:00 |  |

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| MCER (Nivel Actual) | | | | | | Auditiva | | | | Escrita | | | | Gramática | | | | Oral | | | |
| Español A1 | Español A2 | Español B1 | Español B2 | Español C1 | Español C2 | Bajo | Suficiente | Bien | Muy bien | Bajo | Suficiente | Bien | Muy bien | Bajo | Suficiente | Bien | Muy bien | Bajo | Suficiente | Bien | Muy Bien |
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Problemas detectados y curso recomendado:

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Firma del maestro aplicador: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_