INSTITUTO PORTUGUÊS DO ORIENTE

Portuguese Language Courses
Hong Kong

Please print, fill out this form and return it by fax to 2548 0487 or by mail to Portuguese Section, Language Centre, The University of Hong Kong, Pokfulam Road, Hong Kong.

Enrolment Form

Level that you would like to attend:

Basic ☐ **Intermediate** ☐ **Advanced** ☐ **Other** ☐ _____

Personal Information

Full Name

Date of Birth 1 9 (day / month / year) Sex M ☐ F ☐

Place of Birth _____ Nationality _____

Address

Telephone

E-mail _____

Occupation _____

Spoken Languages ☐ Cantonese ☐ Mandarin ☐ English ☐ Other _____

Knowledge of Portuguese

Have you attended any Portuguese Language course before?

No ☐ Yes ☐ Duration: _____ hours

Signature of applicant: _____ Date: ____/_____/ **2002**

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