## UNIVERSITY OF WEST BOHEMIA

## 27<sup>th</sup> International Summer Language School

http://www.isls.cz International Office http://international.zcu.cz Univerzitni 8, 306 14 Pilsen

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## $27^{th}$ INTERNATIONAL SUMMER LANGUAGE SCHOOL JULY $11-29,\,2016$

FIRST NAME(S)  FAMILY NAME  SEX  DATE OF BIRTH please use format dd.mm.yyyy only  NATIONALITY  ADDRESS  CITY  POSTAL CODE  COUNTRY  E-MAIL Please fill in capital letters!!  TELEPHONE including country and city codes	
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OCCUPATTION	
e.g. student, employee	
PRESENT EMPLOYER/INSTITUTION  PASSEDORT NUMBER	
PASSPORT NUMBER	
ACCOMMODATION all scholarship holders will be accommodated in double rooms with shared bathroom  YES  NO	
DATE OF ARRIVAL 10 JULY 2016 With regard to the fact the	
DATE OF DEPARTURE  30 JULY 2016  are a scholarship holder, the of arrival and departure already been chosen for you	have
PREVIOUS PARTICIPATION AT THE ISLS enter year(s) of your participation	
COMMENTS	
If applicable, please specify the name of the person you would like to share the room with.  Other comments (any other special needs):	
Having been informed and notified of my rights and by filling in and submitting this application I hereby give my consent according to the Act No. 101/2000 Coll. on protection of personal data and on alteration of other laws, as amended, to the Západočeská univerzita v Plzni (University of West Bohemia) for processing of personal data and sensitive information in the scope stated in this application for the purpose of organizing the 27th annual International Summer Language School (ISLS) and subsequent statistical and registration purposes related to this event. I give this consent for the duration of the 27th annual ISLS and the following period of 5 years after its end.	
DATE NAME (in capitals) SIGNATURE	

The ISLS Office would like to ask you to fill in also our online application form on <a href="www.isls.cz/en">www.isls.cz/en</a>. By filling the online form please write in the comments a note that you are a scholarship holder.