



26<sup>th</sup> International Summer Language School

<http://www.isls.cz>

International Office

<http://international.zcu.cz>

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26<sup>th</sup> INTERNATIONAL SUMMER LANGUAGE SCHOOL  
JULY 13 – 31, 2015

<b>LEVEL OF CZECH COURSE</b>	<input type="checkbox"/> BEGINNER <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED	
<b>FIRST NAME(S)</b>		
<b>FAMILY NAME</b>		
<b>SEX</b>	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
<b>DATE OF BIRTH</b> please use format dd.mm.yyyy only		
<b>NATIONALITY</b>		
<b>ADDRESS</b>		
<b>CITY</b>		
<b>POSTAL CODE</b>		
<b>COUNTRY</b>		
<b>E-MAIL</b> Please fill in capital letters!!		
<b>TELEPHONE</b> including country and city codes		
<b>OCCUPATION</b> e.g. student, employee		
<b>PRESENT EMPLOYER/INSTITUTION</b>		
<b>PASSPORT NUMBER</b>		
<b>ACCOMMODATION</b> all scholarship holders will be accommodated in double rooms with shared bathroom	<input type="checkbox"/> YES  <input type="checkbox"/> NO	
<b>DATE OF ARRIVAL</b>	12 JULY 2015	With regard to the fact that you are a scholarship holder, the dates of arrival and departure have already been chosen for you.
<b>DATE OF DEPARTURE</b>	1 AUGUST 2015	
<b>PREVIOUS PARTICIPATION AT THE ISLS</b> enter year(s) of your participation		

<b>COMMENTS</b>
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 26th 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 26th annual ISLS and the following period of 5 years after its end.

<b>DATE</b>	<b>NAME (in capitals)</b>	<b>SIGNATURE</b>
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The ISLS Office would like to ask you to fill in also our online application form on [www.isls.cz/en](http://www.isls.cz/en). By filling the online form please write in the comments a note that you are a scholarship holder.