

## Application to receive academic credits from Sprachinstitut TREFF©PUNKT, Bamberg, Germany

Please return to Sprachinstitut TREFFPUNKT,

Fax 0049 951 204474

<mailto:treffpunkt@learn-german.com>

Student Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (yyyy-mm-dd)

Permanent Address  
\_\_\_\_\_  
\_\_\_\_\_

Telephone/Email/Fax \_\_\_\_\_

High School attended & graduation date: \_\_\_\_\_

I verify that the above information is true and correct. I understand that failure to provide accurate information will result in loss of credit and forfeit of fees.

Signature of student \_\_\_\_\_ Date \_\_\_\_\_

Course: (check one)

Course name \_\_\_\_\_ Starting date \_\_\_\_\_ (yy-mm-dd)

Lessons per week: \_\_\_\_\_ Number of weeks: \_\_\_\_\_

Language level\* when course starts: A1 A2 B1 B2 C1 C2

\* based on the "Common European Framework of the European Council for the study of language"

I read and accept the TREFFPUNKT course information (especially the TREFFPUNKT Syllabus) and confirm that the above named student has reached the language level indicated.

Name of educational institution \_\_\_\_\_

Name of Instructor \_\_\_\_\_

Signature of Instructor \_\_\_\_\_ Date \_\_\_\_\_

Director, Sprachinstitut TREFFPUNKT: Alexandra von Rohr \_\_\_\_\_

Date \_\_\_\_\_

School seal / stamp: