KOSTÜ TANDEM COLLABORATION OF SCHOOL OF FOREIGN LANGUAGES AND TÖMER (TURKISH LANGUAGE LEARNING AND RESEARCH CENTER)

KOSTÜ Tandem Language Learning Partnership Application Form

(Fill in this form and submit it to your Tandem coordinator.)

PERSONAL INFORMATION

Female ☐ Male ☐ Non-binary ☐

Name, Surname: _____ Nationality: _____

Student ID: _____ Department & Year: _____

E-mail: _____ Telephone Number: _____

Date of Birth: _____

FOREIGN LANGUAGE INFORMATION

Mother Tongue(s): _____

Level of your target language
(Turkish or English): Beginner☐ A1☐ A2☐ A2/B1☐ B1☐ B1/B2☐ B2☐

Have you studied your target language before? If yes, please give details by filling in the blanks below:

Name of school/university: _____ How long? _____

Name of Language Course: _____ How long? _____

My preference about my Tandem partner's gender:

Female ☐ Male ☐ Does not matter* ☐

* If you tick "does not matter", we will choose a suitable Tandem partner for you.

☐ **I confirm that the above information is complete and correct.**

☐ **I grant the permission that my name, surname and e-mail address can be given to my Tandem partner.**

Date: _____ Signature: _____