

Marshall Language Services -- Study Abroad 2024

Application Form

Last Name _____	First Name _____	
Address _____ n. _____ Postal Code _____		
City _____	State or Province _____	Country _____
Email _____	Home Phone _____	
Office _____	Student's mobile phone _____	Student's email _____
Date of Birth (dd, mm, yy) _____ / _____ / _____	Place of Birth _____	
Person to contact in case of emergency: 1. _____	Phone Number: _____	
Person to contact in case of emergency: 2. _____	Phone Number: _____	
Relationship of emergency contact to applicant: 1. _____	2. _____	
Citizenship _____		
Mother tongue _____		
Degrees obtained: _____	<input type="checkbox"/> High school degree <input type="checkbox"/> University degree <input type="checkbox"/> Graduate Degree	
Are you a current student? _____		
Approximate level of the destination language: _____		
Current employment (if applicable): _____		
Name and city of your school/University (if applicable): _____		
How did you find out about the program? _____ If from a web search, please share the keywords you used: _____		

Payment method preference	
<input type="checkbox"/> Wire Transfer	<input type="checkbox"/> Credit Card
Number: _____	Expiration Date _____
CVV Code: _____	Cardholder Name: _____

Name of school or program: _____	
Type of course (general use, exam,..) _____	<input type="checkbox"/> Group course (number of lessons per week _____) <input type="checkbox"/> Combined group + individual (number of lessons per week _____ + _____) <input type="checkbox"/> Mini-group course (number of lessons per week _____) <input type="checkbox"/> Only individual lessons (number) _____
Arrival date in accommodation: _____	Departure: _____ Number of weeks: _____
Accommodation: <input type="checkbox"/> None <input type="checkbox"/> Residence/Apartment <input type="checkbox"/> Standard Host Family <input type="checkbox"/> Superior Host Family <input type="checkbox"/> Single Room <input type="checkbox"/> Twin Room <input type="checkbox"/> Private Bath	
Meal preferences: <input type="checkbox"/> Use of kitchen only (no meals) <input type="checkbox"/> Breakfast Only <input type="checkbox"/> Half Board (every day) <input type="checkbox"/> Half Board (3-5 dinners per week) <input type="checkbox"/> Full board	
Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No Children in host family? <input type="checkbox"/> Yes <input type="checkbox"/> No Pets in host family? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a vegetarian? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Physical problems (allergies, etc.) ? _____ Special dietary needs? _____	

With the submission of the present enrolment form, the client accepts the program and its conditions, confirming his or her request for enrolment. Marshall Language Services will proceed to reconfirm all of the requests indicated above. The enrolment will be considered complete upon the reception of the deposit, the payment of which should be communicated to this agency by email or fax, or upon reception of the client's credit card details. For any cancellation after the receipt of the deposit, Marshall Language Services will apply the penalty established by the school or program, and retain an additional 100 Euros.	
Signature: _____	Date: _____

Marshall Language Services informs the client that, in adherence to Italian Law 675/96, the treatment of his or her personal data, especially with regard to his or her state of health (part of the so-called "sensitive information" found in Article 22 of the cited law) will be done in full respect of the client's right to privacy, and all caution will be taken to store this data in a paper or digital format for the amount of time strictly necessary. We also note that the communication to third parties of data regarding health is only requested for the purposes of subscribing to a health insurance policy in the client's favor, in adherence to obligations stipulated by law in the countries in which the program abroad will take place, i.e., in the respective places of study and accommodation. With regard to the treatment of this data, the client may exercise his or her rights granted by Article 13 of Italian Law 675/96, and in particular the possibility of requesting its modification or deletion.