

Registration formula

Norwegian evening-courses for immigrants.

Name: _____

Adresse: _____

Tlf. nr: _____

E-mail: _____

Nationality: _____

Employer: _____

Years i Norway: _____

Former Norw. course?: _____

What do you think of your Norwegian language level? (Put a mark)

Elementary _____ (A0 – A1)

Elementary + _____ (A1 – A2)

Intermediate _____ (A2 – B1)

Additional information of interest/relevance:

Signature _____