

Request for Information – Customized and/or Individual Training for French as a Second Language

École de langues

Please provide as much information as you within 5 business days.	ou can on this form and email back to us at : edl@ualberta.ca. Expect an answer
Name of individual making the inquiry AND name of contact person:	
	pany:
Address:	
Contact Phone No.:	Email:
TRAINING SCHEDULE:	
□ Full-time □ Part-time	□ At your office □ At École de langues (Campus Saint-Jean)
Length of training:	(days, weeks) Total training hours:
Weekly schedule:	□ Tuesday □ Wednesday □ Thursday □ Friday
Number of hours per training session	:
LANGUAGE LEVEL:	
Your current Level :	Do you want an assessment of your current level? ¬ Yes ¬ No
Your previous French training:	
	le français langue seconde – government) :
- Other training (name and len	gth of the program)
Targeted Language level:	or Public Service Commission's assessment: B C
Area(s) of language competency nee	ding attention:
□ Written expression □ Ora	I expression □ Oral comprehension □ Written Comprehension
Any additional information you wish to	add with respect to the training you are interested in:
Your signature ·	Date :