

Period

Level

B1	<input type="checkbox"/>
B2	<input type="checkbox"/>
C1	<input type="checkbox"/>
C2	<input type="checkbox"/>

Part

LISTENING*	<input type="checkbox"/>
READING*	<input type="checkbox"/>
WRITING*	<input type="checkbox"/>
SPEAKING*	<input type="checkbox"/>

REFER ID CODE *

*Please, put a "P" only in the part(s) that have been **Passed** in past examination(s) and the **REFER ID CODE** from the **last** examination. For the first examination, please do not check anything

Exam Centre**

**state the exam centre of your choice after asking for the consent of the local Palso association. Your statement is not binding and the exam centre can change according to the potential of PALSO

**Individual
Entry Form**
FILL IN WITH CAPITAL
LETTERS AND LATIN
CHARACTERS ACCORDING
TO ELOT AND THE
CANDIDATE'S I.D.

I request my admission to the above level and period.

First Name

Surname

Father's Name

Sex. M/F

Date of Birth

Day Month Year

Address _____

PC. _____

City/Area _____

Tel _____

Mobile _____

Email _____

I undertake a warrant that the above personal details are correct and I fully and unconditionally accept the terms and conditions of participation in the examinations as stated on the website www.palso.gr

Date _____

Signature _____