



CENTRO TINKU
CUSCO, PERU

QUECHUA INTENSIVE PROGRAM 2008
REGISTRATION FORM

NAME: _____

M: ___ F: ___ date of birth: _____ nationality: _____

PASSPORT N°: _____

INSTITUTION: _____

CURRENT ADDRESS: _____

PHONE: _____ FAX: _____ E-MAIL: _____

COLLEGE MAJOR / GRADUATE DEGREE SOUGHT: _____

KNOWLEDGE OF SPANISH _____

KNOWLEDGE OF QUECHUA _____

NAME OF 2 FACULTY MEMBERS OR REFEREES WHO WILL BE SENDING A
LETTER OF RECOMMENDATION

REC # 1 _____ REC # 2 _____

Letters of recommendation can be written either in English or in Spanish and sent directly to
decoaster@centrotinku.com

APPLICANT'S SIGNATURE

DATE



PERSONAL INFORMATION

PHOTO

Please complete and return this form to:
Centro Tinku
Nueva Baja 560
Cusco, Peru
Telefax: 51 84 249737

This incidentally will be the address where you will be receiving your mail while in Cusco.

The photo is an important part of the form. Please do not forget to include one.

NAME: _____

M: _____ F: _____ AGE: _____

SPECIAL HOBBIES OR INTERESTS: _____

DO YOU SMOKE? _____

DO YOU MIND HOUSEHOLD PETS?

DO YOU ENJOY YOUNG CHILDREN? _____ OLDER CHILDREN? _____

STATEMENT OF PURPOSE

PLEASE WRITE A SHORT STATEMENT DESCRIBING YOURSELF AND STATING YOUR EXPECTATIONS FOR STUDYING QUECHUA IN CUSCO. (Use additional sheets if necessary)

NAME: _____

Food

Describe your diet in general. What do you /don't you eat?

PREFERENCES

Food	Great	Prefer not	Absolutely not
Beef			
Pork			
Chicken			
Guinea pig			
Wheat products			
Fish			
Shellfish			
Milk products (cheese, yogurt etc...)			
Eggs			
Nuts			
Veggies			
Fruit			
Other (specify)			

OTHER DIET INFORMATION (Allergies, Diabetes...) _____
