



Dakar Language Center (DLC)

Office/Mailing address: 5 Rue Malenfant, Immeuble Clair Afrique, BP 14016
Dakar Petavin, Senegal
Phone: 617-335-2936 (U.S.)
E-Mail: info@dakarlanguagecenter.com
Web: www.dakarlanguagecenter.com

DLC - Student Application

If you are interesting in applying to take language-training courses at the Dakar Language Center (DLC) in Senegal, please print the following form, fill out the form **completely**, and email to info@dakarlanguagecenter.com¹. Based on the information you provide DLC, we can best cater our training courses to your specific needs. If you have any questions regarding this form, please contact us at info@dakarlanguagecenter.com.

General & Contact Information:

→ Name (full): _____ | → Date: _____
(First, Middle Initial, LAST)

→ Email: _____ | → Phone: _____

→ Address: _____

→ Gender: Female • Male • Other
(Please circle one)

→ Nationality: _____ | → Birthday: _____ (mm/dd/yyyy)

→ University/Office: _____

→ University Enrollment: Bachelor's • Master's • PhD (Please circle one)

→ Program/Specialization(s)/Major: _____

→ Dissertation/Thesis/Minor: _____

→ Visa start date: _____ (mm/dd/yyyy) | → Valid medical insurance?: Yes • No (Please circle one)

→ Affiliations in Dakar/Senegal (if any): _____

→ Languages Spoken: _____

(Please include your **current level of proficiency** for each language spoken: Beginner; Intermediate; Advanced; or Other)

(If Other, please specify here)

Course Type Information:

→ Language Requested: Pulaar • Wolof • Bambara • Mandinka (Please circle one)

→ Desired Start Date: _____ (mm/dd/yyyy) | → Expected End Date: _____ (mm/dd/yyyy)

→ Hours Per Week: 03h-08h/Week • 09h-15h/Week • 16h-25h/Week (Please circle one)

→ Total Hours of Language Training Requested: _____ (DLC encourages an average of 150 hours)

→ Class size desired (# of students): 3-5(training group; preferred) • 2(training pair) • 1 (Please circle one)

→ If language training group/pair is requested: Will you be training with an existing group (e.g. A group from the same university program or fellowship program)? Yes • No (Please circle one)

• If so, please specify here:

¹ → = Required fields.

Thank you for your interest in Dakar Learning Center. We look forward to working with you soon! ☺



Dakar Language Center (DLC)

Office/Mailing address: 5 Rue Malenfant, Immeuble Clair Afrique, BP 14016

Dakar Petavin, Senegal

Phone: 617-335-2936 (U.S.)

E-Mail: info@dakarlanguagecenter.com

Web: www.dakarlanguagecenter.com

→Proposed Schedule:

Homestay:

→Homestay desired in Dakar/Senegal during your language training?: Yes • No (Please circle one)

(If Other, please specify here)

→Homestay Duration: 2 weeks • 4 weeks • 6 weeks • 8 weeks • Other (Please circle one)

→Are you willing to share a room?: Yes • No (Please circle one)

Sharing rooms would be with someone in the host family or another DLC student.

→Do you prefer to be by yourself or be placed with another student?

→Do you smoke?: Yes • No (Please circle one)

→Dietary or food restrictions, if any:

(Please specify here)

→Please describe your personality and your own family in 3-5 sentences:

(Hobbies, interests, parents, siblings, hometown, etc.).

Airport Pickup:

→Flight Arrival (date and flight number) to Senegal: _____ (mm/dd/yyyy) • Flight: _____

→Flight Departure (date and flight number) out of Senegal: _____ (mm/dd/yyyy) • Flight: _____

→Arrival: Yes • No (Please circle one)

→Departure: Yes • No (Please circle one)

→How did you hear or learn about DLC?

Thank you for your interest in Dakar Learning Center. We look forward to working with you soon! ☺