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| --- | --- |
| Last Name |  |
| First Name |  Middle Name |
| Address |  |
| City |  | **Zip Code** |   |
| Phone  | ( )  | Email |
| ❑Study AbroadProgram | **❑****International Internships** | **❑****Educational Tours** | ❑Foreign LanguageCourses  |
| ❑International Student Exchange Programs | **❑****Training & Development** | **❑****Career Counseling**  | ❑Others |
| (For others kindly use space in the message box) |
|  |  |  |  |  |
| Name of the Institute/University | **Faculty/ Stream** | **Grade** | **CGPA** | Degree Status |
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| **Type your message here to let us know more**  |
|  |
| Declaration /Consent : Please check the boxes to accord your consent below |
| I/We give full consent to Taskeylens to store the above data in their records for their business purpose |  |
| I/We have no objection if Taskeylens processes the data with any of its third party |  |
| **Name of the Student & Signature****Date** |



STUDENT ENQUIRY FORM

**Business Office : Address: Postepu 14, 02-676 Warsaw, Poland  Phone (+48) 532-784-737/532-290-597**

**![C:\Users\ZEUS\AppData\Local\Microsoft\Windows\INetCache\IE\UNIA5CY5\newsletter-icon3[1].png]()Email** **info@taskeylens.eu** **** [**www.taskeylens.eu**](http://www.taskeylens.eu)