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| Last Name | |  | | | | | | | |
| First Name | | Middle Name | | | | | | | |
| Address | |  | | | | | | | |
| City | |  | | **Zip Code** | | |  | | |
| Phone | | ( ) | Email | | | | | | |
| ❑  Study Abroad  Program | | **❑**  **International Internships** | **❑**  **Educational Tours** | | | | | ❑  Foreign Language  Courses | |
| ❑  International Student Exchange Programs | | **❑**  **Training & Development** | **❑**  **Career Counseling** | | | | | ❑  Others | |
| (For others kindly use space in the message box) | |
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| Name of the Institute/University | **Faculty/ Stream** | | **Grade** | | | **CGPA** | | | Degree Status |
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| **Type your message here to let us know more** | | | | | | | | | |
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| 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_Shiny_Icon Phone (+48) 532-784-737/532-290-597**

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