SOCIETA' DANTE ALIGHIERI IL MONDO IN ITALIANO



PLIDA CERTIFICATION 2015 CALENDAR

Application Deadline:

FOR 22nd April Session: DEADLINE FOR 27th May Session: DEADLINE FOR 19th June Session: DEALINE FOR 16th Sept. Session: DEADLINE FOR 25th/26TH Nov. Session: DEADLINE

17th APRIL 2015 22nd MAY 2015 16th JUNE 2015 11th SEPTEMB ER 2015 20th NOVEMBER 2015

<u>2015</u>

Date d'inizio degli esami	Livello
Exam Dates	Level
Mercoledì 22 aprile 2015 Wednesday 22 April 2015 Followed by orals	B2, C1
Giovedì 23 aprile 2015	Inizio delle prove orali
Thursday 23 April	Oral exam
Mercoledì 27maggio 2015 Wednesday 27 May	A1, A2, B1,C2
Giovedì 28 maggio 2015	Inizio delle prove orali
Thursday 28 May	Oral exam

September2015/sda malta

Date d'inizio degli esami Exam Dates	Livello Level
Venerdì 19 giugno 2015 Friday 19 June	B2, C1
Mercoledì 16 settembre 2015 Wednesday 16 September Followed by orals	B1, B2
Mercoledì 25 novembre 2015 Wednesday 25 November	A1, A2, B1
Giovedì 26 novembre 2015 Thursday 26 November	B2, C1, C2
Venerdì 27 novembre Orals	A1, A2, B1, B2, C1, C2

Important notice:

The dates for the written tests are definite as set by the International Board in Rome.

The starting date for the oral tests is also definite. However, depending on the number of candidates, orals may spread over more days. A detailed schedule will be distributed closer to the exam date.

SOCIETA' DANTE ALIGHIERI IL MONDO IN ITALIANO



FULL PLIDA EXAM		
LEVEL	FEE	
A1	€75.00	
A2	€75.00	
B 1	€80.00	
B2	€90.00	
C1	€130.00	
C2	€140.00	

PLIDA SKILLS RESIT			
	1 SKILL	2 SKILLS	3 SKILLS
A1	€25.00	€35.00	€45.00
A2	€25.00	€35.00	€45.00
B1	€35.00	€45.00	€65.00
B2	€35.00	€55.00	€70.00
C1	€60.00	€75.00	€90.00
C2	€65.00	€80.00	€100.00

All fees include a 12 month membership of the SDA Malta Committee, in accordance with Statutory and Legal obligations of the Head Office in Rome, applicable to the provision of examination services.

Late applications after the closing date, which are exceptionally accepted, carry a fee of Euro 6.00 to cover bank charges for single transfers of fees to the Head Office in Rome.

Cheques are to be made payable to: Societa' Dante Alighieri Bank Transfer to: Account holder: Circolo Dante Alighieri Bank of Valletta: Acc. No: 14808243013 or IBAN: MT81VALL2201300000014808243013

When effecting bank transfers kindly provide with application copy of the transaction indicating SESSION (MONTH), LEVEL, NAME OF CANDIDATE, AND FULL OR RESIT DETAILS



Società Dante Alighieri 134, Old Bakery Street, Valletta VLT1457 - Tel. 21 238 408 - 99427390 email: info@dantemalta.org

FULL PLIDA EXAM – NOVEMBER 2015

Name :	
Surname :	
Address:	
Tel :	
Mobile (for students' parents):	
E-mail (for students' parents):	(please write very clearly)
Date of Birth:	
ID Document No. :	(where applicable)

 SESSION: 25^{th} Nov. 2015: LEVELS A1 – A2 – B1.
 ORALS as from 27/11/2015

 SESSION: 26^{th} Nov. 2015: LEVELS B2 – C1 - C2.
 ORALS as from 27/11/2015

PLIDA FULL/REGOLARE
MARK WITH AN $\underline{\mathbf{X}}$ THE CHOSEN LEVEL
livello A1
livello A2
livello B1
livello B2
livello C1
livello C2

EXAM FEE:

Once the funds have been transferred to the Head Office in Italy, no refunds can be effected. Nessun rimborso è previsto una volta i fondi sono versati alla Sede Centrale in Italia.

DATA PROTECTION STATEMENT

The personal data submitted above will be subject to the Data Protection Act 2001 (Chapter 440 of the Laws of Malta). The SDA will retain this data for the compilation of a database for internal use.

DECLARATION

Details of the Data Protection Statement have been read to me/ I have read the Data Protection Statement and I consent to the information provided in this application being disclosed as described therein.

I declare that the information I have given on this form is accurate and complete.

date:_____

FIRMA (OVER 18 YRS ONLY)



Società Dante Alighieri 134, Old Bakery Street, Valletta VLT1457 - Tel. 21 238 408 - 79238408 email: info@dantemalta.org

RESIT PLIDA EXAM – NOVEMBER 2015

Name:		
Surname:		
Address:		
Tel :		
Mobile (for students' parents):		
E-mail (for students' parents):		(please write very clearly)
Date of Birth:		
ID Document No. :	(where applicable)	

SESSION: 25^{th} Nov. 2015: LEVELS A1 – A2 – B1. ORALS as from 27/11/2015 SESSION: 26^{th} Nov. 2015: LEVELS B2 – C1 - C2. ORALS as from 27/11/2015

MARK WITH AN	X THE CORRESPONE		LEVEL AND THE AB	
	Ascoltare Listening	Leggere Reading	Scrivere Writing	Parlare Speaking
A1				
A2				
B1				
B2				
C1				
C2				

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I declare that the information I have given on this form is accurate and complete.

Signature (OVER 18 YRS ONLY)

date:_____

September2015/sda malta