



# E-TANDEM

## TANDEM meeting schedule

Last name: _____ First Name: _____ University: _____ Learning Language: _____	between	Last name: _____ First Name: _____ University: _____ Learning Language: _____
--	---------	--

To receive a certificate\*, list your TANDEM meetings in the table below.  
 By your signature (visa), you confirm the truthfulness of the information contained therein.

	Date	Time (from / to)	Place	Main topic covered	Visas of TANDEM partners
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

\*To obtain a certificate, a minimum of 12 meetings over a period of 6 months are required.  
 Send us your completed meeting schedule by email: [tandem@bilinguisme.ch](mailto:tandem@bilinguisme.ch)

