

Global Relations Center, Burapha University

SUMMER CAMP 2017

APPLICATION FORM

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- (i) This form should be typed or completed in BLOCK LETTERS.
- (ii) Please attach a recent passport size photograph.
- (iii) Please attach your recommendation letter by your university, English proficiency test scores (if you have taken them)

Complete Name (as in Passport)	
Gender Date of Birth	
Nationality Addre	ss / Cont
Phone No e-mail add	ress
Education Qualification held currently	
Current field of study	Year/Semester
Name of Collage/University	
Blood Group Any serious illness or disea	ase
Any specific allergies (if yes please specify)	
Please tick mark preferred choice of food All t	vpes VEG MUSLIM VEGAN

Passport No	Issue date	Expiry date		
Please list the names of the countries	s that you visited so f	ar. Leave blank if you have		
not travelled internationally				
English Proficiency (Verbal)	English Proficier	ncy (Written)		
I have fully understood all rul hereby declare that all the informatio	_			
Name in full	Signature .			
 Details of the Camp Program and the camp visit will be provided Of Please note that in our meal plan faiths. We will not be able to indistudents. Students who are selected will be 	NLY to selected cand s we have tried to ac vidually serve differer	idates. commodate students from all nt meals plans to different		
FOR OFFICE USE ONLY				
ED points	SOP points			
Recommendation Level	EP			
Overall				
Selected Not Selected	ected	Waiting List		
Committee	Committee	Committee		