Passport-sized Photo

**Application Form(2wks)**

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| --- | --- | --- | --- | --- |
| **Personal Detail** | | | | |
| **First (Given) Name** | **Middle Name** | **Last (Family) Name** | | |
|  |  |  | | |
| **Date of Birth** | DD / MM / YYYY | **Gender** | □ Male □ Female | |
| **Nationality** |  | | | |
| **Mailing Address** |  | | | |
|  | | | | |
| **Email Address** |  | | | |
| **Telephone** |  | **Fax** | |  |
| **Passport Number** |  | **Valid Date** | | DD / MM / YYYY |

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| **Current Enrollment Detail** | | | |
| **Home University** |  | | |
| **Mailing Address of Home University** |  | | |
| **Major (Minor)** |  | | |
| **Year Level** |  | **Student ID Number** |  |

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| --- | --- | --- | --- |
| **Home University Approval** | | | |
| **Name of Office** |  | | |
| **Name of Person in Charge** |  | | |
| **Mailing Address\*** |  | | |
|  | | | |
| **Email Address** |  | | |
| **Telephone** |  | **Fax** |  |

\* The original transcript will be sent to the mailing address above(except for individual participants).

|  |  |  |  |
| --- | --- | --- | --- |
| **Emergency Contact** | | | |
| **Name of Person** |  | | |
| **Relationship** |  | | |
| **Phone Number (Cell phone)** | + (Cell phone : + ) | | |
| **Email Address** |  | | |
| **Telephone** |  | **Fax** |  |
| **Signature** |  | **Date** | DD / MM / YYYY |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course Registration** |  |  | | |
| **Courses** | **Tick your selection(√) the box below** | | **Credits** | **Time** |
| **Introduction to Sailing Yacht**  **(Practical Training)** |  | | **2** | **Morning** |
| **Global Culture** |  | | **1** | **Afternoon** |

* *1 Credit is equivalent to 15 hours of work. Please note that these credits are not conferred by PKNU,*

*and each participant needs to check in advance of credit transfer.*

|  |  |
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| **Accommodation** | |
| **On-campus Dormitory**  (Twin room) | □ Yes □ No |

One twin room will be shared by two participants, and the participants are able to check in on 2 Aug and to check out on 15 Aug, 2015.

|  |  |  |  |
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| **Declaration** | | | |
| I confirm that the information I have given is correct to the best of my knowledge. | | | |
| **Signature** |  | **Date** | DD / MM / YYYY |

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| **Check List** |
| □ Application form with a photo attached  □ Official confirmation of student registration  □ 1 Official academic transcript  □ 1 photocopy of the first two pages of the passport  □ 1 Photocopy of certificate of medical insurance coverage  □ 1 Extra passport-sized photograph  □ Certificate of Remittance(tuition payment) |