

Student code (if any):



Student's
Picture

APPLICATION FORM

PART 1: TO BE COMPLETED BY APPLICANT

1. Family Name, Middle Name, First Name (CAPITAL LETTER)

.....

Gender:

Male

Female

2. Date, Month, Year of Birth (dd,mm,yyyy)

(If the number is under 10, put 0 in the first square)

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

3. Permanent Address:

Email address 1:

Email address 2:

4. Passport Number

Issued date (dd,mm,yyyy)

Expired date (dd,mm,yyyy)

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
| | | | | | | | |

Place of issue:

5. Nationality

6. Person to contact in case of emergency

Full name:

Full address:

Telephone number:

Email address:

7. Personal Interest:

8. Current Univerisity

Address:

Major:

Current year/ total year of training program:

..... /

9. Choose the program you want to attend at FPT University:

- (1) Culture Program
- (2) Intensive Training Program
Segment: IT Business Language Other
- (3) Semester Abroad Program
- (4) Internship Program
- (5) Community Development Project
- (6) Others Please mention clearly:

10. Duration of your stay:

11. Will you seek academic credit for the program ? Yes No

12. Do you hold a Health/Accident Insurance Policy? Yes No
If **YES**, please state:
If **NO**, please note that you will be required to have one if accepted to be participant.

13. Do you have a disability? If yes, are you registered disabled, (Please tick appropriate box)

No Yes Registered Unregistered

Please indicate type of disability - you may tick as many areas as appropriate.

| | | | |
|--------------------------------|--------------------------|-----------------------------|--------------------------|
| Dyslexia | <input type="checkbox"/> | Personal Care Support | <input type="checkbox"/> |
| Wheelchair/Mobility Difficulty | <input type="checkbox"/> | Deaf/Hearing Impairment | <input type="checkbox"/> |
| Unseen Disability | <input type="checkbox"/> | Mental Health Difficulties | <input type="checkbox"/> |
| Blind/Partially Sighted | <input type="checkbox"/> | Other disability not listed | <input type="checkbox"/> |

I certify that all of the statements in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not considering me or for my dismissal.

Signature of Applicant: Date:

PART 2: TO BE COMPLETED BY APPLICANT'S UNIVERSITY OR LEARNING INSTITUTION

(Fill by coordinator or staff of your university)

We hereby certify that the information contained in Part 1 of this form is complete and correct.

Signature:
Name:
Designation: Date: