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| --- | --- |
|  | **4 x 6 mm**  **photo**  **APPLICATION FORM** |

Please completethis form ***at least 45 days prior*** to the date of your proposed visit.

**Please submit completed form to** [**ico@ctump.edu.vn**](mailto:ico@ctump.edu.vn)**.**

**Your request will be considered upon receipt of these details.**

# Applicants’ Personal Data

Full Name: .....................................................................................................................................................................

Gender: □ Male □ Female

Date of Birth (dd/mm/yyyy): ............................................ Place of birth: ..................................................... Nationality: .................................................................................................................................................................

Passport No.: ............................................................................ Expiry Date: .........................................................

Place of Issue: ...............................................................................................................................................................

Email Address: ............................................................................................................................................................

Phone number: ............................................................................................................................................................

If you have a disability or illness, allergies, please indicate: ……………………………………................

# Emergency Contact

Name: .................................................. ………….. … Relationship: ...........................................................................

Email: ………….................................................... Phone: .........................................................................................

# Background: (for full time students and student in Vietnamese Language)

Certificate of Vietnamese language proficiency: □ No

□ Yes Level:…………………………

Types of qualifications awarded: □ High school □ College

□ Bachelor □Master □ Doctor

Names of high school attended: ............................................................................................................................

Name of university attended: ............................................................................................................................

# Training program

Type program: □ Full time □ Vietnamese Language

□ Exchange □ Summer camp □ Internship

Proposed field of study/research: .......................................................................................................................

Intended Enrollment: ………………………………....................................................................................................

Proposed time of study/research: ......................................................................................................................

**5.** **Support from CTUMP** (van, accommodation, getting business visa, etc.): ………………….......

.............................................................................................................................................................................................

**6. Attached necessary documents (e.g. passport copy, etc.):**