

Registration Form Summer Program 2017  
July 10th till 23rd

Name: \_\_\_\_\_  
Family Name (as in passport) First Name Middle Name

Male:  Female:  Date of Birth: Day: Month: Year: \_\_\_\_\_

Place of Birth (town, country): \_\_\_\_\_

Nationality: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

Current School/University Name & Location: \_\_\_\_\_

Date of Completion/Graduation: \_\_\_\_\_

BHMS Representative (if any): \_\_\_\_\_

**English Level**

Is English your native language?  Yes  No

If no, please answer the following questions: \_\_\_\_\_

Have you taken a standardized English Language Test?  Yes  No

If yes, standardized test score & completion date: \_\_\_\_\_

Have you taken BHMS English Placement Test?  Yes  No

If yes, number of points scored & completion date: \_\_\_\_\_

**Guardian's Details (if applicant is under 18 years of age)**

Guardian's Name: \_\_\_\_\_

Guardian's Address: \_\_\_\_\_

\_\_\_\_\_

Guardian's E-mail Address: \_\_\_\_\_

Guardian's Telephone Number: \_\_\_\_\_

**Declaration**

I hereby certify that all information given in this form and attached documents is accurate. I furthermore confirm that I have read the terms and conditions and agree to them.

**Date & Signatures**

Applicant's Signature Guardian's Signature (if applicant is under 18 years of age) Date