

Registration Form Summer Program 2018
July 9th till 22nd

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 _____