

## Registration Form Summer Program 2020

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:

### Intake Date:

July 4th, 2020

### Which academic program offered at BHMS that interests you?

Hospitality Management

Global Business Management

Culinary Arts

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

Guardian's Name:

Guardian's Address:

Guardian's E-mail Address:

Tel.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