**International Summer School on Chinese Archaeology Application Form**

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| **SECTION A: Personal Details** | | | | | | |
| Surname / Family Name | | |  | | |
| Given Name | | |  | | |
| Title (Mr / Miss / Other) | | |  | | |
| Date of Birth (DD/MM/YYYY) | | |  | | |
| Nationality | | |  | | |
| Country of Birth | | |  | | |
| Passport Number/ID Card Number | | |  | | |
| Passport/ ID Card Expiry Date (DD/MM/YYYY) | | | 是 | | |
| Permanent / Home Country Address | | |  | | |
| Current Address | | |  | | |
| Post/Zip Code | | |  | | |
| Home Telephone Number | | |  | | |
| Mobile Phone Number | | |  | | |
| Email | | |  | | |
| **SECTION B: Current Study** | | | | | | |
| Name of Institution | | |  | | |
| Department / College | | |  | | |
| Degree Program (degree you are currently pursuing in) | | |  | | |
| Grade | | |  | | |
| Major/Area of Study | | |  | | |
| **SECTION C: Educational background** | | | | | | |
| Year | Institution | Department/College | | Major | Degree |
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| **SECTION D: Disabilities** | | | | | | |
| Do you have a disability? | | | □Yes □No | | |
| If yes, please describe the implications of any disabilities or additional needs and/or support required. This information will be an assessment that can be made of any reasonable adjustments required to allow you to reach your full potential. | | |  | | |
| **SECTION E: Declaration** | | | | | | |
| By signing this declaration, I confirm that the information provided on this application form is true, complete, and accurate. | | | | | |
| Signature of Applicant: | | | Date: | | |