

Summer Traditional Chinese Complementary Therapy Program 2015

August 2th- 11th 2015

APPLICATION FORM

Passport size
photo
(4 cm x 6 cm)

*Please fill out in block capital letters and
note that all the fields are mandatory.
Incomplete applications will not be taken into account.
Please (✓) tick the most appropriate answer when asked.*

Personal Information

Full name :

Sex : Male/ Female Years old

Place/Date of birth :

Address :

Phone (home& mobile) : (Home) + ()
(Mobile) + ()

Email address :

Nationality :

Passport number : Validity Date :

(Incase of have no pasport, please contact KKIH Office to help you)

Emergency Contact to Your Family:

Relationship to applicant : Father/ Mother/ Others

Name :

Phone : (Home) + ()
(Mobile) + ()

E-mail :

Address :



APPLICATION FORM

RELEGION & FOODS

Relegion :

Please list any food you cannot eat :

Please describe your personality:

Please describe your hobbies and interest:

English Language Proficiency *:

Reading : Poor † Good † Excellent

Listening : Poor † Good † Excellent

Speaking : Poor † Good † Excellent

Writing : † Poor † Good † Excellent

Your T-Shirts Size :

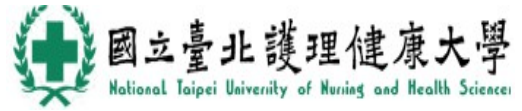
(S) Small (M) Medium (L) Large (XL) Extra Large (XXL) Extra E.Large

* Please Tick (v) one

Yogyakarta,.....

Applicant,

(.....)



NOTICE BY SCHOOL MAJOR

Education Background :

School Major :

Strata (D3, D4, S1, S2) :

Year of Enrollment :

Name of the Head Faculty/ Major _____

Phone number: ^{TEL} _____ Mobile^a _____

Email Address: _____

Mailing Address: _____

_____ Zip Code _____

Yogyakarta,

Name of the Head Faculty/ Major

(.....)



APPLICATION FORM

DEPARTURE/ ARRIVAL INFORMATION : * Please complete this information after your students candidate have been selected.

Departure Date:	DD	MM	YYYY	Depart. Time :	:	<input type="checkbox"/> AM : <input type="checkbox"/> PM
Flight No :				Departing Airport		
Arrival Date :	DD	MM	MM	Arival Time	:	<input type="checkbox"/> AM : <input type="checkbox"/> PM
Flight No :				Arrival Airport		
Arrival time in Yogyakarta (Expected):						

City, Date of the above diagnosis (DD/MM/YY)

_____, ____/____/____

(_____)

Signature and name of Student