

**2019 UCMSR International Summer Program**

20 July -1 August, 2019

Xiamen University, China

**Application Form**

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| **Home University** |  | | | | |
| **Full Name (as in passport)** |  | **Passport /** **Resident Identity Card No.** | |  | |
| **Date of Birth** |  | **Nationality** | |  | |
| **Gender** | Male Female | | | | |
| **Department/College/ School** |  | | **Major** | |  |
| **Year of Study** |  | | **E-mail** | |  |
| **Telephone Number** | *Country / Territory code - Phone no.* | | | | |
| **Emergency Contact Name** |  | | **Emergency Contact Number** | |  |
| **Dietary Restrictions** |  | | | | |
| I declare that the data submitted in this application form is accurate. I further understand that any false or inaccurate information may result in my disqualification from the program.  Signature of the Participants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |