

## APPLICATION FORM

<b>NAME</b>	
<b>DATE OF BIRTH</b>	
<b>SEX</b>	
<b>CITIZENSHIP – PASSPORT NUMBER</b>	
<b>UNIVERSITY OR COLLEGE CURRENTLY ATTENDING, STATUS (E.G. FRESHMAN, SOPHOMORE, JUNIOR, SENIOR, GRADUATE STUDENT), ACADEMIC DEGREE</b>	
<b>ACADEMIC MAJOR/MINOR</b>	
<b>PERMANENT ADDRESS</b>	
<b>EMAIL ADDRESS</b>	
<b>PHONE NUMBER – WHATSAPP ADDRESS</b>	
<b>MEDICAL CONDITION (IF APPLICABLE)</b>	
<b>FOOD OR DRUG ALLERGIES (IF APPLICABLE)</b>	
<b>EMERGENCY CONTACT INFORMATION: NAME, RELATION TO APPLICANT, MAILING ADDRESS, EMAIL ADDRESS, AND PHONE NUMBER</b>	