

Attach your photo here

**TDTU INTERNATIONAL**

**SUMMER PROGRAM 2025**

**APPLICATION FORM**

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| **Personal information** |
| **First (Given) Name** | **Middle Name** | **Last (Family) Name** |
|  |  |  |
| **Date of Birth (dd/mm/yyyy)** |  | **Gender** | □ Male □ Female |
| **Nationality** |  |
| **Mailing Address** |  |
| **Email Address** |  |
| **Telephone Number** |  **(+ )** |
| **Passport Number** |  | **Valid Date** |  dd/mm/yyy |
| **If you have any allergies, chronic illnesses, or medical conditions. Please describe.** |  |

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| **Background** |
| **Home institution** |  |
| **Country** |  |
| **Mailing Address of institution** |  |
| **Major** |  |
| **Year Level (1/2/3/4/Master)** |  | **Student ID Number** |  |

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| **Home University Approval** |
| **Name of Office/Department** |  |
| **Name of Person in Charge** |  |
| **Mailing Address** |  |
| **Email Address** |  |
| **Telephone** | **(+ )** |



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| **Emergency Contact** |
| **Name**  |  |
| **Relationship** |  |
| **Email Address** |  |
| **Telephone** |  **(+ )** |

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| **Registration** |
| **1 week program** | □ |
| **2 weeks program** | □ |
| **On-campus Dormitory/Hotel** | □ Yes  |
| □ No (I will provide housing for myself)  |

*\*Check-in 14 July 2025 / Check-out 22 July 2025 for 1 week program or 27 July 2025 for 2 weeks program*

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| **Declaration** |
|  I confirm that the information I have given is correct to the best of my knowledge. |
| **Signature** |  | **Date** |  |

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| **Application Documents (Checklist)** |
| □ Application form with a photo (passport size) attached□ A letter of recommendation from home institution□ Academic transcript in English□ Copy of the first two pages of the Passport□ A copy of travel insurance coverage□ A certificate of program fee payment |