

**GLOBAL DISCOVERY PROGRAMME**

**Application Form**

Universiti Brunei Darussalam Please complete all parts of this application form in

BLOCK CAPITALS

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| 1. **PERSONAL DETAILS**
 |
| Name (*as if appears in your passport*): |  |
|  |
| Title (Mr/Miss/Mrs/Ms/Dr): |  | Sex: Male: Female: |
| Contact address: |  |
|  |
| Email address: |  |
| Telephone number: |  | Mobile number: |  |
| Age: |  | Date of birth (dd/mm/yy): |  |
| Nationality: |  |
| Parent /Guardian name (s): |  |

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| 1. **PASSPORT DETAILS**
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| Passport number: (*if you don’t have one yet, please apply for it ASAP and submit to us a copy)* |  |
| Place of issue: |  |
| Issue date: (dd/mm/yy) |  | Expire Date: (dd/mm/yy) |  |
| Does your nationality require you to obtain a visa to enter Brunei: |  |

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| 1. **SPECIAL REQUIREMENTS**
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| Dietary requirements: |  |
| We do not discriminate against people with disabilities or medical needs and make all reasonable efforts to accommodate their needs. |
| Do you have any medical conditions that the University should know about? Information provided will not affect your admission into the programme. If none, tick box. |
| None  |

***Important Reminders***

Your passport must be valid for at least six months after the completion of the programme

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| 1. **EMERGENCY CONTACT DETAILS**
 |
| Please give details of someone we can contact in an emergency while you are in Brunei: |
| Name: |  | Relationship: |  |
| Telephone number: |  |
| Contact address: |  |
| Email address: |  |

***Please answer the following section if you intend to apply to our English language courses.***

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| 1. **ENGLISH LANGUAGE PROFICIENCY**
 |
| Please indicate your level of English (*students are assessed to ensure they are at a suitable level*) |
| Intermediate | Upper intermediate | Advanced  | Upper Advanced |
| Have you taken an IELTS exam or any other English-proficiency test?Yes No |
| If so, please indicate the date, the test / exam, and the result: |
| Date: |  | Test / Exam: |  |
| Overal Band Score: (*Please submit a copy of your score report with this application form*) |  |

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| 1. **PAYMENT**
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| My cheque/money order/ bank draft is enclosed (*payable to Tabung Universiti Brunei Darussalam*): Please charge my credit card as specified below:I hereby authorise Universiti Brunei Darussalam to charge to my credit card and I will pay the remaining balance upon registering for the course in Brunei |
| Name on credit card: |  |
| Billing address: |  |
|  |
| Type of card: | VISA | MasterCard | American Express |
| Card number: |  |
| Expiration Date: |  | 3-digit security code: |  |
| Authorised signature: |  | Today’s date: |  |

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| 1. **VERIFICATION BY INTERNATIONAL / STUDY ABROAD OFFICE**
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| Name of Institution: |  |
| Name of Adviser: |  | Position: |  |
|  | Email: |  |
| Signature: |  | Date: |  |

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| 1. **DECLARATION AND SIGNATURE**
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| I certify that the information contained in this application form, and in all the support documents being provided as a part of this application, is accurate and complete to the best of my knowledge. I accept. |
| Signature: | ­­­ | Date: |  |