

**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** | | | | | | |
| 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** | |
| 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** | | | | | | | | |
| 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** | | | | |
| Name of Institution: | |  | | |
| Name of Adviser: | |  | Position: |  |
|  | | | Email: |  |
| Signature: |  | | Date: |  |

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| 1. **DECLARATION AND SIGNATURE** | | | |
| 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: |  |