**UMAP PROGRAM C (SSTP): Student Application Form**

|  |  |
| --- | --- |
| **PERSONAL INFORMATION (Please type)**Name: (Surname) (Given Name)Passport No.: Date and Place of Issue: **Please attach a scanned copy of your passport photo page.** | Photo4 X 5 cm(optional) |
| College / University: |
| Major: Year:  |
| Gender: male / female Date of Birth: dd/mm/yyyy |
| Mailing Address:  |
| Phone Number (mobile):  |
| E-mail:  |
| **EMERGENCY CONTACT (Please type):**Name: Phone Number: Address Relationship to you:  |
| Date of Application： |

|  |  |
| --- | --- |
| **Top 3 Programs of Your Choice:****(Names of University,** **and names of program, 1 as the most desired)** | 1. (University)
 |
| (Program) |
| 1. (University)
 |
| (Program) |
| 1. (University)
 |
| (Program) |