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| **The Sino-British College** **International Summer School****Application Form****2025** |
| Application Form for International Summer School of the Sino-British College, USST* Please fill in the form in **ENGLISH**.
* Tuitions & Fees: Tuition is free for the summer school. Free accommodation in the Sino-British College dormitory is also provided. Students should pay for transportation, overseas travel insurance, medical insurance, meals and other expenses (i.e. tickets for tourist sites, souvenirs, etc.)
* All applications must be submitted via email, please send to this email address: **academic.admin@sbc.usst.edu.cn**
* Requirements: Indicate "Programme Name" (e.g. SBC International Summer School) + "Applicant’s Name" in the subject line (failure to send mail as required will result in unsuccessful application, be sure to send as required).
* Email: Lea Huang (Coordinator) at lea.huang@sbc.usst.edu.cn; if you have any further questions.
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| **Summer School Information** |
| Which Programme(s) will you apply for? (Please mark (√) in the appropriate box.)  |
| Please mark (√) | Date of application (dd/mm/yyyy) | Programme |
|  |  | The Sino-British College International Summer School——Empowering Future Leaders: Shaping Global Tech and Business with Cultural Intelligence |
| **Basic Personal Information** |
| * Please enter information such as first name, last name, date of birth, and nationality as it appears on your passport or any identifying document. Please ensure you enter the **CORRECT** details.
* Please type or print your name exactly as it appears on your passport.
* Applicants must be at least 18 years of age.
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| First Name(Given Name) | Middle Name（Optional） | Last Name(Family Name) |
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| Gender (Male/Female/Other） |  |
| Marital Status | □Single □Married □Widowed □Divorced |
| Date of Birth (dd/mm/yyyy) |  |
| Special Diplomatic/Politic Relations (Y/N)If Y, please state: |  |
| Type of Passport | □Diplomatic □Service □Official □Special □Ordinary □Other (Please specify): |
| Passport No. |  |
| Country of Residence |  |
| Country of Nationality |  |
| **Contact Information** |
| Resident address (with its postcode)  |  |
| Mobile Phone Number |  |
| Email Address |  |
| **Emergency Contact Information (Parent/Guardian)** |
| Name of Parent/Guardian |  |
| Relationship with the applicant |  |
| Contact Address (with the postcode)  |  |
| Contact Mobile Number |  |
| Contact Email Address |  |
| **Educational Background** |
| Name of University (University at which you are registered for a degree) |  |
| Detailed postal address (with its postcode) of your university or organisation |  |
| Department/school in which you currently study |  |
| Current Level of Education(Undergraduate/Postgraduate) |  |
| Programme or major |  |
| Year of commencement of your current programme(Example: 2025) |  |
| Your current year of study(Example: 2nd year) |  |
| GPA (weighted) or average percentage mark (weighted), if applicable |  |
| IELTS/TOEFL/Another English Test Score (if applicable) |  |
| Please indicate your level of Chinese ability for each of the following using the scale below:0 = None, 1 = Beginner, 2 = Intermediate, 3 = Conversation, 4 = Fluent |
| Speaking: |  | Listening: |  | Reading: |  | Writing: |  |
| **Student’s Medical Information** |
| Do you suffer from any illnesses?  |  |
| Do you take medication? If yes, which medication?  |  |
| Do you have any allergies? (food, animals, medication?)  |  |
| Do you need a special diet?  |  |
| Do you have any special access requirements (e.g., require ground floor room/wheelchair access)?  |  |
| Is there anything else we should know about your health?  |  |
| **What motivated you to apply for International Summer School of the Sino-British College？**（You should write at least 120 words but no more than 180 words.） |
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| **Declaration**I understand that the information provided on this form will be held on the International Summer School database for the purposes of student administration, subject to the provisions of the Sino-British College, USST 's General Data Protection Regulation.I certify that the information given in this application is complete and accurate to the best of my knowledge. I have full support and consent of my parent(s) for this application (required for all students).I will have adequate travel insurance before the trip. By signing I confirm I will comply with the acceptance and application conditions included.  |
| **Student’s Signature** | **Parent or Guardian’s Signature** |
|  |  |
| **Date** | **Date** |
|  |  |
| * A parent or guardian must sign.
* If you are sending the form via email, please type your name in the box to indicate that you accept the application conditions.
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