



UAIT Affiliated Academy Application

Personal Information

First*	Middle	Family Name(Last)*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address-Street No*	Cell	Sector
<input type="text"/>	<input type="text"/>	<input type="text"/>
District*	City*	Country*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth* / /	Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female	
Email @	Phone* () -	

Education Background

Name of Institution	Level	EntranceYear	Graduation	Period
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SELECT PROGRAM

Computer

- Basic
- Coding & Robotic
- FLL Robot Team

Music

- Primer Level
- Level 1
- Level 2
- Level 3

Korean

- Basic
- Intermediate
- Advanced

English

- Communication
- Business

STATEMENT

I hereby declare that the above information given is true and complete.

I promise to undertake the academic regulations included in Student Handbook and UAIT Bulletin.

Please Check!

- I agree to the collection of personal information.

Name of Applicant:

Signature* Date: / /