



# 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	/	/
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Email	@	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	(	) -
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Education Background

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

### Please Check!

- I agree to the collection of personal information.

Name of Applicant:

Signature  Date:  /  /