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| **Application Form** |
| **Partner University** |
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| **Personal and Contact Information** |
| First Name: | Picture |
| Last Name: |
| Date of Birth: MM/DD/YYYY |
| Nationality: |
| Gender: |
| English Ability: Choose an item. |
| Current Address: |
| Email: |
| Mobile: |
| Emergency Contact: |
| **Education** |
| Degree Course, Department/Major, University, Starting and Ending Year  |
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| **Skills and Experience** |
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| **Have you ever founded a company? If yes, briefly describe your activities.** |
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| **This camp demands your hard work during the program especially for group business project. What motivates you to participate in this camp and learn entrepreneurship?** |
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