



LSBU Summer School 2018 Application Form

Full name		Gender	
Date of birth		Passport No.	
University		Agent representative (if applicable)	
Major		Grade	
Phone number			
Email			
Address			

I confirm all the details above are true and correct, and give my permission for LSBU staff to contact me (and my representative) regarding my Summer School application.

Name of student:

Signature:

Date: