VIETNAM SCHOOL OF ASTROPHYSICS

Quy Nhon City, August 04th - August 10th, 2019

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REGISTRATION FORM

GENERAL INFORMATION				
First name:	Last Name:			
Gender:	Date of birth:			
Nationality:				

CONTACT INFORMATION						
Professional	Home					
Address:	Address:					
Phone:	Phone:					
E-mail:	E-mail:					

STUDY RECORD

*** Notes: _

- Please provide all degree qualification that you have. If you have not finished a degree yet, please select "*Bachelor to be finished*" or "*Master to be finished*" accordingly. If you have other kind of qualifications, please select "*Others*".

Qualification	Graduation	Institute		Major		
	Year					
English Proficiency (Choose one)						
Poor	Fair		Good	Excellent		
English certificate (<i>if available</i>):						

FIELD OF STUDY / RESEARCH INTEREST

ACHIEVEMENTS

MOTIVATION FOR ATTENDING THE WORKSHOP

APPLICANT SIGNATURE

DATE _____

Please complete this registration form and send it to the following email: <u>ttthuy@hcmiu.edu.vn</u> by May 27th, 2019