



GLOBAL DISCOVERY PROGRAMME Application Form

Universiti Brunei Darussalam

Please complete all parts of this application form in
BLOCK CAPITALS

1. PERSONAL DETAILS

Name (as if appears in your passport):			
Title (Mr/Miss/Mrs/Ms/Dr):		Sex: Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Contact address:			
Email address:			
Telephone number:		Mobile number:	
Age:		Date of birth (dd/mm/yy):	
Nationality:			
Parent /Guardian name (s):			

2. PASSPORT DETAILS

Passport number:			
<i>(if you don't have one yet, please apply for it ASAP and submit to us a copy)</i>			
Place of issue:			
Issue date: (dd/mm/yy)		Expire Date: (dd/mm/yy)	
Does your nationality require you to obtain a visa to enter Brunei:			

3. SPECIAL REQUIREMENTS

Dietary requirements:	
We do not discriminate against people with disabilities or medical needs and make all reasonable efforts to accommodate their needs.	
Do you have any medical conditions that the University should know about? Information provided will not affect your admission into the programme. If none, tick box.	
None	<input type="checkbox"/>

Important Reminders

Your passport must be valid for at least six months after the completion of the programme

4. EMERGENCY CONTACT DETAILS

Please give details of someone we can contact in an emergency while you are in Brunei:

Name:		Relationship:	
Telephone number:			
Contact address:			
Email address:			

*Please answer the following section if you intend to apply to our English language courses.***5. ENGLISH LANGUAGE PROFICIENCY**Please indicate your level of English (*students are assessed to ensure they are at a suitable level*)

Intermediate	<input type="checkbox"/>	Upper intermediate	<input type="checkbox"/>	Advanced	<input type="checkbox"/>	Upper Advanced	<input type="checkbox"/>
Have you taken an IELTS exam or any other English-proficiency test?							
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				
If so, please indicate the date, the test / exam, and the result:							
Date:		Test / Exam:					
Overall Band Score:							
<i>(Please submit a copy of your score report with this application form)</i>							

6. VERIFICATION BY INTERNATIONAL / STUDY ABROAD OFFICE

Name of Institution:			
Name of Adviser:		Position:	
		Email:	
Signature:		Date:	

7. DECLARATION AND SIGNATURE

I certify that the information contained in this application form, and in all the support documents being provided as a part of this application, is accurate and complete to the best of my knowledge. I accept.

Signature:		Date:	
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