



APL Education Program 2011 Registration Form

Personal Details

Family/last name: _____ First name: _____

Title (Mr/Miss/Mrs/Ms): _____ Sex: ☐ Male ☐ Female

Contact address: _____

Postcode: _____

Telephone number: _____ Cell phone number: _____

Email Address: _____ Date of Birth: _____

Nationality: _____

Emergency Contact Details

Family/last name: _____ First name: _____

Contact address: _____

Postcode: _____

Telephone number: _____ Cell phone number: _____

Email Address: _____ Relationship: _____

Academic and Professional Details

University Name: _____

Course level: ☐ Undergraduate ☐ Postgraduate ☐ Other _____

Study mode: ☐ Full-time ☐ Part-time ☐ Other _____

Major: _____ Minor: _____ Year of Study: _____

Test Information

English Proficiency Test (TOEFL, IELTS or TEPS)*

Test name: _____ Test date: _____ Score: _____

Test name: _____ Test date: _____ Score: _____

*Applicants whose first language is not English should hold English proficiency test scores.

GRE: _____ Test date: _____ Score: _____

Others: _____ Test date: _____ Score: _____

Special Requirement

Dietary requirement: _____

Any medical needs: _____

We do not discriminate against people with disabilities or medical needs and make all reasonable efforts to accommodate their needs.

Payment

Non-refundable registration fee: (TBA)

By credit or debit card (VISA/Master Card/Maestro Card /Others):

☐ For the full amount ☐ For your deposit ☐ Others _____

If paying by credit card please ensure that your credit limit is sufficient to cover the costs of the program.

VISA/Master Card/Maestro Card Number: □□□□□□□□□□□□□□□□

Card start date (mm/yy): _____ Card expiry date (mm/yy): _____

3-digit security code: _____ Issue number (if applicable): _____
(back of your card)

Name of cardholder if different from applicant: _____

I authorize you to charge \$ _____ now to my VISA/Master Card/Maestro/Other Card and I will pay the remaining balance by the balance of payment deadline for my programs.

Cardholder's signature: _____

Signature of applicant if not cardholder: _____

Bank transfer:

Please send a copy of the Bank transfer receipt with your application form. Any bank charges outstanding on arrival will be charged when you register

APL BANK DETAILS; Account Name: APL (TBA)

Please quote reference: student name

Signature

I have read this form and the accompanying brochure and fully accept the terms and conditions as stated on the APL website. Applications cannot be accepted without a signature.

Signed: _____ Date: _____

*This Form will be posted on APL website.