## VIETNAM SCHOOL OF ASTROPHYSICS

Quy Nhon City, July  $31^{st}$  – August  $6^{th}$ , 2016

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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

- If you have not finish	gree qualification that y led a degree yet, please d of qualifications, plea	select "Bachelor to be fin	nished" or "Master to be fin	aished" accordingly.
Qualification	Graduation	Institute		Major
	Year			
English Proficiency (	(Choose one)			
Poor	Fair	_	Good	Excellent
English certificate (it	<sup>c</sup> available):			

FIELD OF STUDY / RESEARCH INTEREST
ACHIEVEMENTS

MOTIVATION FOR ATTENDING THE WORKSHOP
ADDITCANT SICNATUDE
APPLICANT SIGNATURE
DATE