



Application for Admission to the Vietnamese Studies Program

Please return application materials to the ICLS Office by mail, fax, or email:

Office Address: No.6 Tran Phu Street, Hai Chau District, Danang, Vietnam

Tel: +84 511 3898311 Fax: +84 511 3898322 Email: vsp@icls.edu.vn / icls.danang@gmail.com

Please complete this form in block letters.

SECTION A: Personal Information

Have you ever participated in a Vietnamese Studies Program? Yes No

Have you ever participated in any of ICLS's language programs? Yes No

Title Mr. Mrs. Ms. Dr.

Family name / Surname (as stated on your ID card or passport)

Middle name _____ **Given name** _____

Country of citizenship _____ **Date of birth (dd/mm/yyyy)** ____/____/____

Gender Male Female

SECTION B: Address and Contact information

Business address

Company/University name _____

Address (number and street name) _____

Town / City _____ Province / State _____

Country _____ Zip Code _____

Phone _____ Fax _____

Home address

Address (number and street name) _____

Town / City _____ Province / State _____

Country _____ Zip Code _____

Phone _____ Fax _____

Email Address

Preferred Mailing Address

Emergency contact (Full name and phone no.) _____

For Office use only:

Application no. _____

Date of receipt of application
(dd/mm/yyyy) _____

Admission officer: _____

Notes: _____

Program manager's approval: _____

Date: _____

Notes: _____

Stamp

SECTION C: Program Selection

Please specify the program you are applying for (one program per application). Before completing this section, please consult with an ICLS staff member or verify the information online at www.icls.edu.vn

Name of Program

- Vietnamese Studies through Languages
- Vietnamese Studies through Field Trips and Exchanges
- Discovering the Central area of Vietnam
- Vietnamese Studies for Vietnam Specialists

Starting Date _____ **End Date** _____

Preferred Language English Vietnamese

Other supporting materials submitted _____

Are you applying through the recommendation of an agent/ ICLS staff / student?

- Yes No

Agent's name / ICLS staff / ICLS Student's name: _____

SECTION D: Vietnamese Language Proficiency

Is Vietnamese your first language? (if **Yes** please go to section E)

- Yes No

Are you currently studying Vietnamese or have you studied Vietnamese?

- Yes No

If **Yes**, what is your Vietnamese level?

- Beginning Elementary Intermediate Advanced

Have you taken any Vietnamese Test in the past 24 months? If **Yes**, please provide the original Vietnamese test result documentation

- Yes No

Date taken (dd/mm/yyyy) _____ Test name _____ Result (if known) _____

SECTION E: Special Circumstances

Do you have disabilities, impairments, or medical conditions which may affect your studies?

- Yes No

If **Yes**, please provide details: _____

SECTION F: Privacy

I give ICLS permission to photograph/film me as a student of ICLS for publicity and promotional purposes. I understand that I may appear on newspapers/magazines or on television without prior notice.

Yes No

SECTION J: Certification

Please read and sign the following certification statement. This application is not valid unless signed and dated.

I declare that to the best of my knowledge the information supplied in this application and the documentation supporting my application is correct and complete. I will notify ICLS immediately of any change in my personal details.

I acknowledge that the provision of incorrect information or the withholding of information or documentation relating to my application may result in cancellation of any offer or enrolment by ICLS. I understand that ICLS reserves the right to discontinue or alter any program, course/subject, fee, admission requirement, staffing, or other arrangement without prior notice.

Applicant's signature

Date (dd/mm/yyyy)
