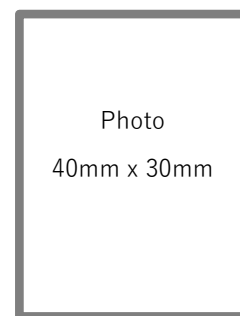


Application Form for Summer Program 2026
Setsunan University



Name		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
	(Family) (Given)		
Date of birth	(DD/MM/YYYY)	Age	
Passport	Passport Number : Date of Issue(DD/MM/YYYY) : Date of Expiry(DD/MM/YYYY) :		
E-Mail Address			
Phone Number			
Current address	(Zip Code: -)		
Nationality		Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married
Religion			

Student Information at your University/Institution

Name of University/Institution	Faculty/School	Department	Year

Information about Health Condition

Blood type	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> AB <input type="checkbox"/> I don't know
Health condition	<input type="checkbox"/> Good <input type="checkbox"/> I have a chronic disease :
Medicine	<input type="checkbox"/> Not taking any medicines <input type="checkbox"/> Taking medicines regularly :

