

Please complete Application Form and prepare a copy of Biographical Page in your passport

Please complete the application form (Set your application form's name as: UMKC 2024 AIMRSP-Last Name, First Name) and email it with a clear copy of the biographical page of your passport that includes your photograph and legal name to Summer Program Coordinator Noviap@geveducation.com also cc Tianh@geveducation.com and your home school instructor (Email title should be: UMKC 2024 AIMRSP-Last Name, First Name)

Note: If you do not have a passport, please submit your Legal Identity Documents (eg. ID Card or Student ID Card).

Name (Print your name in exactly as it appears on your passport and/or legal documents)

| | | | |
|-------------------------|------------|-------------------------|-------------|
| Last Name / Family Name | _____ | First Name / Given Name | _____ |
| Country of Citizenship: | _____ | Gender: | _____ |
| Date of Birth: | Day: _____ | Month: _____ | Year: _____ |
| Phone Number: | + _____ | WhatsApp: | _____ |
| Email: | _____ | | |
| Name of University: | _____ | | |
| Major: | _____ | Year of Graduation: | _____ |
| Emergency Contact Name | _____ | Emergency Contact # | _____ |

Academic Performance (Please fill in at least one below)

| | | | |
|-----|--------------------|----------------------|--------------------|
| GPA | _____ (Out of 4.0) | Average Course Score | _____ (Out of 100) |
|-----|--------------------|----------------------|--------------------|

English Proficiency Test Score (Please fill in at least one below)

| | | | |
|-------------------------|-------|---|-------|
| TOEFL Score | _____ | IELTS Score | _____ |
| CET 6 (Pass / Not Pass) | _____ | Average. English Course grade in school | _____ |

Please put "Y" next to the Summer Program you would like to apply.

2024 Artificial Intelligence and Mixed Reality Summer Camp _____

Declaration

I certify that the information provided in this application form is correct. I understand that omitting information or providing erroneous information may result in my dismissal from the University.

| | | | |
|-----------------------|-------|-------|-------|
| Applicant's Signature | _____ | Date: | _____ |
|-----------------------|-------|-------|-------|