

SUMMER OF SEMICONDUCTOR

Application Form 2011

1. PLEASE CHOSE WHICH PROGRAM
YOU WOULD LIKE TO BE PART OF:

For student from Grade 9 & 10
Program 1: Future Scientist Program

For student from Grade 9 & 10
Program 2: Robotic Scientist Program

For student from Grade 11 & 12
Program 1: Microelectronics
Technology Program

For student from Grade 11 & 12
Program 2: Future Technologist

2. NAME: _____

3. DATE OF BIRTH: _____

4. PLACE OF BIRTH: _____

5. PASSPORT/ID NUMBER: _____

6. GENDER: MALE FEMALE

7. TEL: _____ EMAIL: _____

8. PARENT/GUARDIAN

NAME: _____

RELATIONSHIP TO STUDENT: _____

MOBILE: _____

EMAIL: _____

9. IN CASE OF EMERGENCY PLEASE CONTACT (IF DIFFERENT TO NO.8)

NAME: _____

MOBILE: _____

10.1. CURRENT SCHOOL

NAME OF SCHOOL/UNIVERSITY: _____

LOCATION: _____

DATE OF ATTENDANCE:

FROM: _____

TO: _____

10.2. ENGLISH AVERAGE
IN PERCENTAGE % _____

TOTAL AVERAGE
IN PERCENTAGE % _____

11. LIST SOME OF THE HOBBIES AND EXTRACURRICULAR ACTIVITIES THAT ARE OF INTEREST TO YOU.

12. DO YOU HAVE ANY SPECIAL NEEDS (FOR EXAMPLE PHYSICAL DISABILITY)?

THIS INFORMATION IS VOLUNTARY AND CONFIDENTIAL;

IT IS REQUESTED TO HELP THE UNIVERSITY PREPARE SERVICES

AND AUXILIARY AIDS, IF POSSIBLE, TO ACCOMMODATE YOUR NEEDS.

YES

NO

IF YES, PLEASE INDICATE

VISION IMPAIRMENT

HEARING IMPAIRMENT

SPEECH IMPAIRMENT

LEARNING DISABILITY (PLEASE EXPLAIN)

OTHER (PLEASE EXPLAIN)

13. IF YOU HAVE BEEN DIAGNOSED WITH A DISABILITY,
PLEASE PROVIDE THE MOST RECENT REPORT ON YOUR CASE.

14. IN YOUR OWN WORDS, TELL US ABOUT WHAT YOU WOULD LIKE TO BE IN THE FUTURE AND EXPLAIN WHY?

14. HAVE YOU EVER LEARNED ABOUT ROBOTICS? IF YES, PLEASE TELL US WHEN AND WHERE?

I HEREBY ACKNOWLEDGE THAT THIS DOCUMENT IS A TRUE TESTAMENT OF MY ABILITIES AND BACKGROUND.

STUDENT SIGNATURE: _____ DATE: _____

PARENT'S CONSENT:

I AGREE TO ALLOW MY CHILD _____, AS STATED IN THIS APPLICATION FORM, TO ATTEND THE ATIC CO-EDUCATIONAL SUMMER PROGRAM IF HE/SHE IS SELECTED FOR THE PROGRAM.

PARENT NAME: _____

PARENT SIGNATURE: _____ DATE: _____

ATTENTION: PLEASE ATTACH THIS CHECKLIST FOR EVERY APPLICATION SUBMITTED.
WE REGRET TO INFORM THAT ALL INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

APPLICATION CHECKLIST FOR STUDENT

SCHOOL:

STUDENT NAME:

NO:	DOCUMENTS REQUIRED	PLEASE TICK
1.	COMPLETED APPLICATION FORM WITH PARENTAL AND STUDENT SIGNATURE	
2.	COPY OF THE STUDENT'S SCHOOL TRANSCRIPTS	
3.	COPY OF UAE PASSPORT	
4.	2 PASSPORT SIZED PHOTOGRAPH OF STUDENT	
5.	TEACHER'S RECOMMENDATION LETTER	
6.	COPY OF FAMILY BOOK (ALL PAGES)	
7.	ADDITIONAL DOCUMENTS (CERTIFICATES OF ANY ACHIEVEMENTS YOU WOULD LIKE TO SHARE WITH US)	

PLEASE FILL IN THE APPLICATION FORM AND SUBMIT BEFORE MAY 30TH TO:

summerofsemiconductor@atic.ae