University of Bolton 2024 Summer School Registration Form

**Your Information**

First name\*：

Last name\*：

Date of birth (dd/mm/yy)\*：

Your email address\*：

Confirm email address\*：

Mobile phone number\*：

Confirm Mobile number\*：

Name of your current College/University (if applicable):：\*

Street address\*：

Town\*：

County\*：

Post code\*：

Country\*：

Please select which Summer School course you wish to attend. You can only select one discipline.\*

* Leadership and Management
* SFX & Creative Technologies
* Medicine & Health
* Sports Science
* STEM

Please select a second Summer School course, should your first choice not be available\*

* Leadership and Management
* SFX & Creative Technologies
* Medicine & Health
* Sports Science
* STEM

**Emergency Contact Information**

First Name of Emergency Contact\*：

Last Name of Emergency Contact\*：

Email address of Emergency Contact\*：

Emergency Contact Relation to Student\*：

**English Language Experience Level**

English Language Experience\*

* Complete beginner
* Intermediate
* Advanced
* Experienced

**Special Considerations: Do you require assistance with physical or psychological needs? (i.e. wheelchair access)**

Special Considerations (Assistance)\* - please provide detailed information：

**Special considerations: dietary requirements or allergies：**

Special considerations: dietary requirements or allergies\* - please provide detailed information：

**What will make you a great University Summer School student?**

**Do you have any questions you want to ask us?**