



UNIVERSITY OF BERGEN



## SOAS Shapoorji Pallonji Institute of Zoroastrian Studies and University of Bergen, Norway

### Zoroastrian Summer School 2024 - Application Form

Please complete all required field below. Once completed, please return to [SSPIZS@soas.ac.uk](mailto:SSPIZS@soas.ac.uk)

Your personal data will be stored in line with current data protection legislation. It will not be shared or distributed for other purposes than related to your application to and attendance of the Zoroastrian Summer School.

#### Personal Information

Title

First Name(s) \*

Last Name \*

E-mail \*

Contact Number \*

Correspondence Address \*

Address Line 1:

Address Line 2:

City:

State / Province:

Postal / Zip Code:

Country:

**Date of Birth \***

**Nationality \***

**Emergency Contact Name \***

**Relationship to you \***

**Emergency Contact Number – with country code \***

**Emergency Contact Address \***

## **Academic Information**

**Please give the details of the university you are attending or last attended \***

**Level of Study (i.e. undergraduate or postgraduate) \***

**Field of Study \***

**Year course began \***

**Year of (expected) graduation \***

## **Employment**

**Current Employment Status \***

**If employed, please detail the organisation and job title**

## **Special Requirements**

**Please provide give details if you require special arrangements or additional support in relation to your studies, e.g. because of a disability. Please also list any allergies here, e.g. food allergies, or other requirements we should know about.**

## **Personal Statement**

**Please briefly explain why you wish to join the Summer School and what you expect from the course with regards to learning objectives and personal experience. We would like to know in particular how you feel the Zoroastrian Summer School will connect to your current and / or previous studies, and what you expect to gain from the course. Please write between 250 and 500 words.\***

## **Further Information**

**Where did you hear about the Summer School? \***

## **English Language**

**Is English your first language? \***

Yes / No (delete as appropriate)

If English is not your first language, please give supporting English language proficiency documentation.

For example:

- English proficiency test certificate such as IELTS, TOEFL or CPE, or a certificate of a course in English.
- Evidence of any English medium work experience you may have undertaken.
- Evidence of having lived or studied in an English speaking country.
- Evidence of having studied in an English medium institution

For full details of the minimum English language requirement see the applicant information document.

## **Bursary**

**Would you like to apply for a bursary of up to £1000 to go towards accommodation and travel? \***

Yes / No (delete as appropriate)

**Bursaries will be awarded on the basis of academic merit. Please detail any further information you would like to be considered.**

## **Credits**

**Would you like to take this course for credit towards your Master's degree? \***

**If you are an undergraduate student and would like to take the course for credit, please indicate here. \***

**Please note that, if you are not a SOAS student, the decision to award credits rests with your home institution. If you intend to claim credits from your home institution, please check the requirements with them before you enrol.**

Yes / No (delete as appropriate)

### **Terms and conditions**

Please take a moment to read our Terms and Conditions.

**Please confirm you have read and agreed to the terms and conditions. \***

Yes / No (delete as appropriate)

**Thank you for taking the time to complete this application form. Please return it to**

SSPIZS@soas.ac.uk