



Form 1

## MICE STUDENT CHAPTER (Application)

| University name: _ |  |
|--------------------|--|
| Faculty:           |  |
| Major:             |  |

| Name & Surname | Age | Year | Telephone | Email |
|----------------|-----|------|-----------|-------|
| 1.             |     |      |           |       |
| 2.             |     |      |           |       |
| 3.             |     |      |           |       |
| <b>4.</b>      |     |      |           |       |
| 5.             |     |      |           |       |
| j.             |     |      |           |       |
| 7.             |     |      |           |       |
| 3.             |     |      |           |       |
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## For more information, please contact:

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