



Cheil Creative Academy Application Form

Personal Information

Last Name		First Name	
DOB (yyyy.mm.dd)		Gender (M/F)	
Email Address		Nationality	
Tel/Mobile	+ (Country) – (Area) – (Tel/Mobile)		

Education

Name of the University/College attending	
City where the University/College is located	
Website of the University/College	
Major	
What year are you in? (eg. 1st year)	
Length of the degree/diploma (eg. 4 years)	
Expected month/year of graduation (eg. Aug. 2019)	

Work/Intern Experiences

Period (yy.mm - yy.mm)	Company	Position	Main Responsibilities

Questions (Please answer each question in no more than 100 words)

1. How did you know about this opportunity?

2. What do you expect from attending this academy?

3. How do you see yourself in 10 years?

*** Along with this form, please submit the followings:**

- your portfolio
- 1 minute self video recording where you verbally explain why you would like to be selected to attend the Cheil Creative Academy at Spikes Asia 2018.

- I hereby agree to provide my personal information for the student selection process for the Cheil Creative Academy at Spikes Asia 2018 and acknowledge that the information provided will be discarded within one month after the selections have been made.

Date:

Name Typed or Signature: