Passport-sized Photo

**Application Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Personal Detail** | | | | |
| **First (Given) Name** | **Middle Name** | **Last (Family) Name** | | |
|  |  |  | | |
| **Date of Birth** | DD / MM / YYYY | **Gender** | □ Male □ Female | |
| **Nationality** |  | | | |
| **Mailing Address** |  | | | |
|  | | | | |
| **Email Address** |  | | | |
| **Telephone** |  | **Fax** | |  |
| **Passport Number** |  | **Valid Date** | | DD / MM / YYYY |

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Enrollment Detail** | | | |
| **Home University** |  | | |
| **Mailing Address of Home University** |  | | |
| **Major (Minor)** |  | | |
| **Year Level** |  | **Student ID Number** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Home University Approval** | | | |
| **Name of Office** |  | | |
| **Name of Person in Charge** |  | | |
| **Mailing Address\*** |  | | |
|  | | | |
| **Email Address** |  | | |
| **Telephone** |  | **Fax** |  |

\* The original transcript will be sent to the mailing address above(except for individual participants).

|  |  |  |  |
| --- | --- | --- | --- |
| **Emergency Contact** | | | |
| **Name of Person** |  | | |
| **Relationship** |  | | |
| **Phone Number (Cell phone)** | + (Cell phone : + ) | | |
| **Email Address** |  | | |
| **Telephone** |  | **Fax** |  |
| **Signature** |  | **Date** | DD / MM / YYYY |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Course Registration** | | |  |
| **Courses** | **Tick your selection(√)**  **the box below** | | **Credit(s)** | **Type** | **Time** |
| **Korean Language** |  | | **-** | **Mandatory** | **Morning** |
| **Global Culture** |  | | **1** | **Mandatory** | **Afternoon** |

\*1 Credit is equivalent to 15 hours of work.

|  |  |
| --- | --- |
| **Accommodation** | |
| **On-campus Dormitory**  (Twin room) | □ Yes  □ No (I will look for my own accommodation) |

Check-in 6 Aug 2016 / Check-out 12 Aug 2016

\*Dormitory is not available before 6 Aug and after 12 Aug

|  |  |  |  |
| --- | --- | --- | --- |
| **Declaration** | | | |
| I confirm that the information I have given is correct to the best of my knowledge. | | | |
| **Signature** |  | **Date** | DD / MM / YYYY |

|  |
| --- |
| **Check List** |
| □ Application form with a photo(passport size) attached  □ Official confirmation of student registration  □ Official academic transcript  □ Medical Certificate  □ 1 photocopy of the first two pages of the passport  □ 1 Photocopy of certificate of medical insurance coverage |