Passport-sized Photo

**Application Form**

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| **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 |

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

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| **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).

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

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|  |  | **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.

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| **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

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

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| **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 |