

Application Deadline
Fall (May 31) Spring (November 30)

APPLICATION FORM FOR GRADUATE INTERNATIONAL STUDENTS

Please complete and return the application with the proper fee to:

International Exchange Center, Dongseo University
47 Jurye-ro, Sasang-Gu, Busan, 47011, Republic of Korea

Please type or print clearly and answer all questions
in English, Japanese, or Korean.

For Office Use Only

APPL# _____
ID _____

Semester Applying for
___ Fall Semester(**September**)
___ Spring Semester(**March**)
Year Applying for _____

PERSONAL INFORMATION

1. Name :

(English)

_____ Last (姓) _____ First (名) _____ Middle _____

(Your First Language)

_____ Last (姓) _____ First (名) _____ Middle _____

2. Sex : Female ___ Male ___

3. Date of Birth : _____

4. Marital Status : Single ___ Married ___

5. Passport Number : _____

6. Nationality : _____

7. Mailing Address : _____

_____ Zip Code : _____ Area Code & Phone Number : () _____

8. Cellular Phone : _____

9. E-mail Address : _____

10. Contact Phone Number in Korea (if any) _____

11. Korean Proficiency Test Result (if any) : Level ()

12. First Language _____

13. Person to notify in case of emergency (GUARDIAN)

Relationship to Applicant (check one) : Father Mother Other _____

Full Name : _____

Nationality : _____ Date of Birth : _____

Mailing Address _____

_____ Phone Number _____

Photo

(3×4cm)

ACADEMIC PROGRAMS

Type of degree you plan to attain :

MA ___ Doctoral ___ Other _____

Academic program you wish to enter:

Graduate School _____ Major _____

EDUCATIONAL HISTORY

List all educational institutions or schools attended, beginning with the first year of secondary school and ending with the last year of education (including the school in which you are currently enrolled, if any). Print the name of each certificate, diploma, or title earned. Write in English and do not abbreviate or use initials.. Add additional pages if necessary.

Secondary Education (Middle & High School)

Name of Institution	Date of Attendance (MM-DD-YY) (from-to)	School Address & Country	Date of Degree Received or Expected (MM-DD-YY)	Telephone Fax
	/ / ~ / /			
	/ / ~ / /			
	/ / ~ / /			

Post Secondary Education (Undergraduate & Graduate Studies)

*Your application will not be processed without GPA and converted scores.

Name of Institution	Date of Attendance (MM-DD-YY) (from-to)	School Address & Country	GPA (__out of__)	Converted Score /100	Date of Degree Received or Expected (MM-DD-YY)
	/ / ~ / /				
	/ / ~ / /				
	/ / ~ / /				

ON CAMPUS HOUSING

Do you plan to live in campus dormitory?

Yes _____ No, I will find my own accommodation _____

I hereby certify that all of the answers I have given in this application are complete and accurate to the best of my knowledge. I understand that any untrue or misleading information may result in my disqualification from further consideration for admission. If admitted, I agree to observe all the rules and regulations of Dongseo University.

Signature _____ Date _____/_____/_____

PERSONAL STATEMENT (This may be attached separately.)

Please write an essay (250-500 words) on a topic of your choice. We are interested to learn more about you as a person and as a student than can be shown through criteria such as test scores and grades. We would also like to see how well you can organize your thoughts and express yourself clearly.

Empty box for writing the personal statement.

I hereby certify that I am the original and sole author of the Personal Statement submitted here, with the permitted exception of clearly indicated quotations.

Signature _____ Date ____/____/____

PROFESSOR EVALUATION

TO THE APPLICANT : Please fill in the information below and give this form, together with a stamped envelope addressed to the International Exchange Center, to one of your teachers from a recognized academic institution..

Date of Birth : _____ (*mm/dd/yy*) Gender : _____

Student's Name : _____
Last/Family First Middle (complete) Jr., etc.

Address : _____
Number and Street City or Town State Country Zip Code or Postal Code

School currently attended : _____

TO THE PROFESSOR: We are primarily interested in whatever you think is important or relevant regarding the applicant's academic and personal qualifications for attending university. A photocopy of this reference form, or another reference letter you may already have prepared on behalf of this student, is acceptable. Please return this to International Exchange Center in the envelope provided by the student. We are grateful for your assistance. **Please be sure to sign the next page.**

CONFIDENTIALITY: Unless required by law, the university will not provide applicants with access to their admission records.

PROFESSOR'S INFORMATION

Name : _____ Name of School : _____

Department : _____ Major : _____

Address of School : _____

Phone : _____ Fax : _____ e-mail : _____

BACKGROUND INFORMATION

How long have you known this student and in what context? _____

List the courses you have taught this student, noting for each the student's academic year and the type of course taught (remedial, required, elective, honors, etc.).

EVALUATION

Please briefly mention anything you feel is important or relevant regarding this student's academic and personal attributes so that we may differentiate his or her application from those of other students. We are particularly interested in the candidate's intellectual promise, motivation, originality, initiative, leadership potential, capacity for growth, special talents, enthusiasm, and concern for others.

RATINGS

Compared with other students you have taught, how do you rate this student in the following areas?

		Below Average	Average	Above average	Well-above average	Exceptional (top 10%)	Astounding (top 1%)
No basis for opinion	Creative / original thought						
	Self-motivation						
	Self-confidence						
	Academic achievement						
	Effective class discussion						
	Disciplined work ethic						
	Intellectual ability						
	Personal qualities and character						
	Potential for growth						

Signature _____ Date _____ / _____ / _____

FINANCIAL AFFIDAVIT

Applicant's Information

1. Name :

(English)

_____ Last(姓) _____ First(名) _____ Middle _____

(Your First Language)

_____ Last(姓) _____ First(名) _____ Middle _____

2. Sex : Female Male

3. Date of Birth : _____

4. Name of School Currently Attended (if any) : _____

5. Expected Date of Graduation (if any) : _____

Declaration & Guarantee of Finances

Sponsor's Information

1. Name :

(English)

_____ Last(姓) _____ First(名) _____ Middle _____

(Your First Language)

_____ Last(姓) _____ First(名) _____ Middle _____

2. Sex : Female Male

3. Relation to Applicant : _____

4. Current Occupation : _____

5. Mailing Address : _____

_____ Zip Code : _____

6. Phone Number(in Korea and/or Other Place of Residence) : _____

Cellular Phone : _____

I hereby certify that I will take full financial responsibility for the education and living expenses for the student mentioned above for the duration of his or her. Further, I guarantee that the attached certificate of employment or business registration and certificate of tax payment are true and accurate.

Signature _____ Date _____/_____/_____

STUDY PLAN

Please state your further academic plans at DSU. There is no restriction to its style.

Physical Examination Record for Foreigners (外国人体格检查记录)

1. Sex (性别) : Male (男) Female (女)

2. Name (姓名) : _____

3. Date of Birth (出生日期) : _____

4. Nationality (国籍) : _____ 5. Place of Birth (出生地址) : _____

6. Present mailing address (现在通讯地址) : _____

7. Blood type(血型) : _____

Have you ever had any of the following diseases? (Each item must be answered "Yes" or "No")
过去是否患有下列疾病 : (每项后面请回答“否”或“是”)

Typhus fever (斑疹伤寒)	Yes	No	Bacillary dysentery (菌痢)	Yes	No
Poliomyelitis (小儿麻痹症)	Yes	No	Brucellosis(布氏杆菌痢)	Yes	No
Diphtheria (白喉)	Yes	No	Viral hepatitis(病毒性肝炎)	Yes	No
Scarlet fever (猩红热)	Yes	No	Puerperal streptococcus infection (产褥期链球菌 感染)	Yes	No
Relapsing fever (回归热)	Yes	No		Yes	No
Typhoid and paratyphoid fever (伤寒和付伤寒)			Yes	No	
Epidemic cerebrospinal meningitis (流行性脑脊髓膜炎)			Yes	No	

Chest X-ray exam (胸部 X 线检查) :

Suggestions (意见)

Official Stamp (检查单位盖章)

Signature of Physician (医生签字)

Date (日期)