

APPLICATION FORM FOR KOREAN LANGUAGE PROGRAM

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 or Korean.

· FURM-1>

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

For Office Use Only	Semester applying for Fall Semester (September
APPL#	Spring Semester (March) Year applying for

PERSONAL INFORMATION			
1. Name : (English)	End (S)	MC111.	Photo
Last (姓) (Your First Language) Last (姓)	First (名) First (名)	Middle Middle	(3×4cm)
2. Sex: Female Male			
3. Date of Birth :			
4. Passport Number:			
5. Nationality :			
6. Mailing Address :			
Zip Code :	Area Code &	& Phone Number : ()
7. Cellular Phone :			
8. E-mail Address :			
9. Contact Phone Number in Korea (if any)			
10. Korean Proficiency Test Result (if any)	: Level (
11. First Language	<u> </u>		
12. Person to notify in case of emergency	(GUARDIAN)		
Relationship to Applicant (check one):		Other	
Full Name:			
Nationality :	Date of Birth:		
Mailing Address			
		Phone Number	
ACADEMIC PROGRAMS			
Please check the category that pertains to ye	ou:		
Korean Language Program			
Period of study desired at Dongseo Univers	sity:		
From//	To/	/	

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 in English the name of each certificate, diploma, or title earned. Do not abbreviate or use initials. Add additional pages if necessary.

Name of Institution	Date of Attendance (DD-MM-YY) (from-to)	School Address & Country	Date of Degree Received or Expected (DD-MM-YY)	Telephone Fax
	Secondary Edu	cation (Middle & High School)		
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POST	Secondary Education	on (Undergraduate & Graduate S	studies)	1
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ON CAMPUS HOUSIN	G				
Do you plan to live in c	campus dormitory?				
Yes	No, I will f	ind my own accommodat	tion		
understand that any fal	lse or misleading inform	tion are complete and action may result in my diall of the rules and regulation	isqualification fr	om further cons	
Signature		Date			

PERSONAL STATEMENT	
This personal statement helps us get to know you in a way grades and your ability to organize your thoughts and express yourself clearly. Ple your choice so that we may understand you and your situation better. Y	ease write an essay of 250-500 words on a topic of
I certify that all information in my application, including my Pers correct.	sonal Statement, is my own work and is factually
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 Attending : 5. Date of Graduation :		_	
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. Relationship :			
4. Occupation :			
5. Mailing Address :			
<u>-</u>		Zip Code	:
6. Phone Number (in Korea or at Permaner Cellular Phone :	_		
I hereby certify that I will take full financi mentioned above for the duration of his employment and certificate of property tax	or her studies. Further, I	guarantee that the atta	
Signature	Date	e/_	

Physical Examination Record for Foreigner (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) Relapsing fever (回归热) 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):
Suggestion (意见) Official Stamp (检查单位盖章)
Signature of Physician (医生签字) Date (日期)