

APPLICATION FORM FOR UNDERGRADUATE INTERNATIONAL STUDENTS

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

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.

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 _____

Photo

(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 _____

12. 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 _____

ACADEMIC PROGRAMS

Please check the category that pertains to you :

Freshman _____

Transfer _____

Academic program you wish to enter :

Regular Program (All lectures are conducted in Korean)

Division _____ Major _____

Global Studies Institute (All lectures are conducted in English)

International Studies

Film & Video

Digital Contents

Computer Engineering

Business Administration

Biomedical Laboratory Science

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.

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 Education (Middle & High School)				
	/ / ~ / /			
	/ / ~ / /			
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	/ / ~ / /			
	/ / ~ / /			
Post Secondary Education (Undergraduate & Graduate Studies)				
	/ / ~ / /			
	/ / ~ / /			
	/ / ~ / /			
	/ / ~ / /			

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 of 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 the extent to which you can organize your thoughts and express yourself clearly.

Empty space 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 ____/____/____

TEACHER 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 TEACHER : 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.

Teacher's Name (please print or type) : _____ Position : _____

School's Name : _____

School's Address : _____

Teacher's Phone : (_____) _____ Teacher's e-mail : _____
 Area Code *Number* *Ext.*

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?

No basis for opinion		Below Average	Average	Above average	Well-above average	Exceptional (top 10%)	Astounding (top 1%)
	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 of the student mentioned above for the duration of his or her studies. Further, I guarantee that the attached certificate of employment and certificate of property 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 (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)