**CHECKLIST FOR KPU INTERNATIONAL SUMMER PROGRAM**

***Applicant Name***

***Proposed Study Period: 2018 Summer***

**Please make sure that your application includes all the documents listed below in and send it to** [**kalee@kpu.ac.kr**](mailto:kalee@kpu.ac.kr) **of International Relations Center, KPU. Required documents should be in English, clearly legible, and submitted in soft copy format. Application deadline is June 25th, Monday, 2018. If you need a visa, please mention it clearly in the e-mail.**

**Contact for application, inquiries and requests: Lee,** [**kalee@kpu.ac.kr**](mailto:kalee@kpu.ac.kr)**, +82-31-8041-0795**

□ **A. Completed Application Form: it can either be filled with computer or written by hand.**

***(Please state your most frequently used e-mail address)***

□ **B. Transcript of Records from Your Study in Your Home University**

□ **C. Copy of Passport**

※ If you need a visa, please bear in mind that visa application process many take time, varying according to your nationality. For countries under visa exemption agreement with South Korea and nationals of countries/regions allowed for visa-free entry (up to 30 days unless noticed otherwise) into South Korea,

☞ [Countries under visa exemption agreement](http://www.mofa.go.kr/ENG/visa/Visa_Exemption/index.jsp)

☞ [Nationals of countries or regions allowed for visa-free entry (up to 30 days unless noticed otherwise) into Korea](http://www.mofa.go.kr/ENG/visa/Visa_free_entry_into_korea/index.jsp)

※ Those who intend to live in KPU dormitory need to bring their own Health Report from home country.

Without the Health Report, the student cannot check-in to the dorm; the report must be obtained first.

The Health Report should satisfy all 4 following conditions;

1. It should be an X-ray Inspection Report, for checking the possibility of tuberculosis-TB.

2. X-ray inspection result should be “Normal”.

3. The Report must be in English (If the report is in other languages, Doctor’s additional note of “Normal” in English is acceptable. In case the translation is impossible, please send the scanned report through email in advance for the confirmation).

4. It should be dated (the date of issue) between 2018-07-06 and 2018-08-06.

If it is impossible to obtain the report in your home country, please contact Lee at kalee@kpu.ac.kr

***Applicant’s signature***

***Date*** (YYYY.MM.DD.)

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| **Manager in charge of the program in applicant’s home university**  **Name: Prof. Kiwon Kang**  **Position: President**  **Department: Council on Korean Studies** |

**Program Application Form**

**1. Proposed Participation at KPU International Summer Program**

|  |  |
| --- | --- |
| **Period** | 2018 Summer; August 6 ~ August 20  ※ If you can’t participate fully, please clarify the period you can: |
| **Dormitory Request** | No (Because I’ll stay at instead )  Room shared by 4 (maximum number is 4)  ※ Expected period of stay: from to  ※ Preferred roommates, if any:  ※ Any additional request: |
| **Interested Topic**  **Regarding South Korea** |  |
| **Most Anticipated Part of the Program** |  |
| **Expectations towards the Program** |  |
| **Request/ Inquiry** |  |

**2. Personal and Academic details**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Photo** | **Name (as on the passport)** | | | | |  | | | | |
| **Birth**  **Date** | | (YYYY.MM.DD.) | | | | | | **Gender** | M  F |
| **Passport** **No.** | |  | | **Date of Expiry** | | (YYYY.MM.DD.) | **Country of**  **Citizenship** | |  |
| **Enrolled University** | | |  | | | | | | |
| **Major (Specialty)** | | |  | | | | | | |
| **Grade** | | 1st year  2nd year  3rd year  4th year  higher than 4th | | | | | | | |
| **Korean Language Ability** | | No previous knowledge  Beginner  Intermediate  Advanced | | | | | | | | |

**3. Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Address** |  | | |
| **Cell Phone Number** |  | **E - mail** |  |

**4. Emergency Contact Information** (person to be notified in case of an emergency)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Address** | **Phone Number** | **Relationship** |
|  |  |  |  |
|  |  |  |  |

**5. Signature**

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| I certify that, to the best of my knowledge, the information on this application is true and complete. False information may result in the dismissal from the program.  Date (YYYY. MM. DD.)  Applicant Name (Signature) |