

Student Exchange Program Application Form (Undergraduate)

Office Use Only

Please use the Acrobat Reader or a Ballpoint Pen to fill out this form

1. PERSONAL DETAILS (USE BLOCK LETTERS)

Mr Mrs Ms Miss

Family Name

First Name

Former Name (if applicable)

Gender Male Female

Date of Birth / /

Do you have any disabilities/conditions that you think Yong In University should be aware of? Yes No

Please attach a letter explaining the support required.

PHOTO

(3.5cm × 4.5cm)

Please attach your most recent photo here.

CONTACT ADDRESS FOR CORRESPONDENCE

Street Address

Town/Suburb State/City

Postal Code Country

Phone (including country code) Fax

E-mail

EMERGENCY CONTACT INFORMATION

Name in English

Name in Mother Tongue (if applicable) Relationship

Street Address

Town/Suburb State/City

Postal Code Country

Phone (including country code) Fax

E-mail

2. CITIZENSHIP AND LANGUAGE PROFICIENCY

Country of Citizenship (as shown in your passport)

Country of Birth Passport No.

My first language is

Is Korean the medium of instruction in your home institution? Yes No

Korean Proficiency Excellent Good Fair Poor

English Proficiency Excellent Good Fair Poor

TOPIK Score (if applicable)

3. ACADEMIC BACKGROUND

At which institution are you currently studying?

Major or Course of study at home institution

Current Year of Study Expected Year of Graduation

Other qualifications

Qualification/Award	School/Institution	Country	Duration	Date award conferred

4. PROPOSED STUDY PROGRAM

I am intending to study : One Semester Full Year

Starting Date : Semester 1(March – June) Semester 2(September – December) Year

5. AFFIDAVIT OF FINANCIAL SUPPORT

Indicate the person (including yourself) or organization that will be responsible for your tuition fee and living expenses.

Name Relationship

Occupation

Street Address

Town/Suburb State/City

Postal Code Country

Phone (including country code) Fax

I guarantee that I will be responsible for the above-named applicant's tuition fee and living expenses for the duration of the whole program.

Supporter's Signature Date / /

6. DECLARATION

I declare all the information set out in this application and other supporting documents is, to my best knowledge, accurate and complete. I understand that inaccurate/false information provided for this application may result in forfeiture of my exchange qualification at Yong In University. I am liable for any legal action and expenses incurred from any legal consequences resulted by any inaccurate/false information provided in this application. I hereby authorize Yong In University to use my data provided in this application for the purpose of administration and student development.

Applicant's Signature Date / /

Unsigned applications will not be processed. Applications must be signed by the applicant personally.

Third parties must not sign on the applicant's behalf.

PLEASE RETURN THIS FORM AND THE NECESSARY ATTACHMENTS TO YOUR HOME INSTITUTION.

