 **Kyungsung University**

**International Programs Office, #314-79, Daeyeon-dong, Nam-gu,**

**Busan, 608-739, Republic of Korea**

**Tel: +82-51-663-4062(Postal Address)**

**Mail application to:**

[**ipoffice.ksu@gmail.com**](mailto:ipoffice.ksu@gmail.com) **(sub-mail for online application)**

Please attach the recent passport photos taken within the last six months of you.

**Kyungsung University**

**International Summer Camp Program**

**Application Form**

**Application Deadline for ISC, 2019 : June 14, 2019**

**ISC 2019 : Aug.7-23**

**Arrival : Aug. 7**

**Departure : Aug. 24-25**

**To Applicants : Please read carefully and type and fill in the foam by your computer.**

**To Coordinator : We do NOT accept application directly from applicants. Please send application documents [Completed application form + copy of passport attached to page 2 ] to Ms. Da-eun, choi at** [**ipoffice.ksu@gmail.com**](mailto:ipoffice.ksu@gmail.com) **(Ms-Word file or PDF file can be accepted)**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Details** | | | | | | | | | | | | | | | | | | | | | | | | |
| Family Name: | | | | |  | | | | | | | | | Given Name: | | | | |  | | | | | |
| ☞ in Chinese (if any): *Chinese and Japanese students should fill out this item* | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender: | | | □ Male □ Female | | | | | | | | | | Citizenship: | | | |  | | | | | | | |
| Date of Birth: | | | | | | Year: | | | | | Month: | | | | | | | | | | Day: | | | |
| Home Address: | | | | | |  | | | | | | | | | | | | | | | | | | |
| E-mail Address: | | | | | |  | | | | | | | | | Tel: | | |  | | | | | | |
| Activities | | | | | | Volunteering, Club Activities etc.. | | | | | | | | | Hobby: | | |  | | | | | | |
| SNS ID | | | | | | Facebook :  Twitter : | | | | | | | | | Mobile: | | |  | | | | | | |
| **Home Institution** | | | | | | | | | | | | | | | | | | | | | | | | |
| Home University | | | | | | | | | | | |  | | | | | | | | | | | | |
| Please provide contact details for your exchange advisor/coordinator at your home university: | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | E-mail | |  | | | | | | | | | Tel: | | |  | | |
| Please provide contact details for your academic information at your home university: | | | | | | | | | | | | | | | | | | | | | | | | |
| Department and/or Major | | | | | | | |  | | | | | | | | | | | | | | | | |
| Grade: | Freshmen: □ Sophomore: □ Junior: □ Senior: □ | | | | | | | | | | | | | | | | | | | | | | | |
| **Language Skills** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Korean** | | | | | | | | | | | | | | | | | | | | | | | | |
| None: | | □ | | | | | Beginner: | | □ | Intermediate: | | | | | | □ | | | | High intermediate | | | | □ |
| **English** | | | | | | | | | | | | | | | | | | | | | | | | |
| None: | | | | □ | | | Beginner: | | □ | Intermediate: | | | | | | □ | | | | High intermediate | | | | □ |
| Please inform us of your TOEFL or iELTs score if you have.  ☞ Type of Test taken:  ☞ Score or Level acquired: | | | | | | | | | | | | | | | | | | | | | | | | |
| **Application Checklist for Admission and Housing - IMPORTANT!** | | | | | | | | | | | | | | | | | | | | | | | | |
| Completed and signed application forms (with passport-sized photo attached, Profile photo attached) | | | | | | | | | | | | | | | | | | | | | | | □ | |
| Copy of passport shown photo, birth of date, full name (please refer to the page 3) | | | | | | | | | | | | | | | | | | | | | | | □ | |
| **Declaration (signed by applicant)** | | | | | | | | | | | | | | | | | | | | | | | | |
| I consent to the host institution recording and processing the information about me give on this form.  I understand that this information will only be used for administrative purposes.  I declare that all the information provided herein is correct to the best of my knowledge.  **Name :**  **Signature : Date :** | | | | | | | | | | | | | | | | | | | | | | | | |

**Application Deadline for ISC, 2019 : June 14, 2019**

**Photo and Passport Attaching Form**

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| **Please attach the copy of passport here.**  **Showing**  **- Passport number**  **- Photo**  **- Birth Date** |

**Tuberculosis Test Result(X-Ray)**

|  |
| --- |
| **Medical Examination Report**  **Section A : Particulars of Applicant**  Name  Last Name *(Family Name)* First Name  DOB: / / Gender: Male Female  **REQUIRED:** Negative TB Test Results, and attach Official Results on Letterhead  **Section B \_X-ray Examination(Certified by Radiologist)**  I have had the applicant X-rayed, having assured myself that he/she is the person above by having had his/her Identify Card/Work permit examined and his/her signature below  Please tick □ in the appropriate box  Result : □ There is no radiological evidence of chest lesion  □ The applicant is suffering from TB    Date  Official Seal/Stamp Here  E-mail  Phone Number  Physician’s Name/Signature |

**Thank you for your application!**

**PICK UP REQUEST FOAM**

**Prepared arrival date : 2019 Aug 5-6**

**Deadline: July 12, 2019**

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| --- | --- | --- | --- | --- |
| **Personal Details** | | | | |
| Name |  | | Home University |  |
| **Travel Itinerary** | | | | |
| Transportation | | □ Air-plain(To Kimhae Airport) □ Train □ Bus □ Ferry | | |
| Departure  Information | | From(City, Country ) :  Date (YY/MM/DD) & Time : | | |
| Arrival  Information | | Location : □ Kimhae Airport -International  □ Kimhae Airport –Domestic  □ Busan Train Station  □ Seaport  □ Bus Terminal : (Terminal name)  Transportation No : (ex. flight no.)  Date (YY/MM/DD) :  Local Time : | | |
| **E-Ticket**  **(or you can send it by attached file or E-mail)** | | | | |
| **Please return this to** | | | | |
| Via email : ipoffice.ksu@gamil.com  By fax : +82-51-663-4069 | | | | |

Thank you for completing this application.

**Please ensure that you receive confirmation and details of your pickup.**

We look forward to meeting you!