 **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** **(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** **(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)**

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| **Medical Examination Report****Section A : Particulars of Applicant**Name Last Name *(Family Name)* First NameDOB: / / 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 belowPlease tick □ in the appropriate boxResult : □ There is no radiological evidence of chest lesion □ The applicant is suffering from TB Date  Official Seal/Stamp Here E-mail Phone NumberPhysician’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 |
| DepartureInformation | From(City, Country ) :Date (YY/MM/DD) & Time : |
| ArrivalInformation | 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.comBy 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!