

Exchange & Study Abroad Program Application Form

Please staple one
passport size
photograph here.

Please ensure that all the information is entered CLEARLY in BLOCK CAPITALS.

1 Study Program & Duration

- Student Exchange Program (SEP) Visiting Student Program (VSP)
Study Option: Full Year (September-June) Semester 1 (March-June) Semester 2 (September-December)

2 Personal Details

First Name (as appears in passport): _____ Family Name (as appears in passport): _____
Nationality: _____ Passport Number: _____
Date of Birth: Day _____ Month _____ Year _____ Passport Valid Until: _____
Gender: Male Female

Permanent Address: _____ Address for Correspondence (if different): _____

Between which dates is this address valid?

Telephone: Country code _____ Area code _____ Local number _____ Email: _____

Fax: (if available) Country code _____ Area code _____ Local number _____

Do you have any disability? Yes No If yes, please indicate any specific arrangements or facilities you may require.

3 Academic Background

Are you currently enrolled at your home institution? Yes No

Home institution:

Undergraduate: Year 1 Year 2 Year 3 Year 4 Graduate: Year 1 Year 2

Main Subjects/Major:

Current GPA (if applicable):

Address:

International Programs Coordinator: _____ Email: _____

Telephone: Country code _____ Area code _____ Local number _____ Fax: (if available) Country code _____ Area code _____ Local number _____

7 DECLARATION

Do you have any criminal convictions? Yes No

If yes, please give details on a separate sheet and enclose with your application . If you have any concerns you can contact us prior to application. Please note that spent convictions and convictions for driving/minor offences are unlikely to be considered relevant to the admissions decision.

I declare that the information submitted in this application is true and correct. I authorize the University to obtain information from any educational institution previously or currently attended by me. If any information supplied by me is considered to be untrue, incomplete or misleading in any respect, I understand the University may take such action including the disclosure of the information to any person or body. I understand the University reserves the right to vary or reverse any decision made on the basis of untrue, incomplete or misleading information.

Signature

Date (dd / mm /yy)

Application Deadlines

Semester1 (Spring): November 15

Semester2 (Autumn): May 15

Send your complete application to:

Office of International Affairs KOREA UNIVERSITY

Anam-Dong, Sungbuk-Gu, Seoul 136-701 KOREA

Tel: +82 2 3290 5151, 5152, 5153 **Email:** studyabroad@korea.ac.kr