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| EMB000012000749 | **Silla University** **APPLICATION FORM** Office of International Affairs, Silla University140 Baeyang-daero (Blvd) 700beon-gil(Rd), Sasang-gu, Busan, Korea (Zip code: 46958) Tel :+82-51-999-5511(5515), Fax : +82-51-999-5519Website : <http://globalen.silla.ac.kr>E-mail : jwchoi@silla.ac.kr ; alexandra@silla.ac.kr |

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| Attach Full face photograph taken within the last 6 months (passport type photo, white background) |

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| **Please, fill in the following information completely and clearly in block letters.** |

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| **PERSONAL DETAILS** |

**▣ Write your name below to match your name as it appears in your passport.**

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name (Family Name) First Name Middle Name

※ Name in Chinese character if you have: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Gender: □ Female □ Male

3. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ 4. Age: \_\_\_\_\_ 5. Passport Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(DD) (MM) (YYYY)

6. Place of Birth: \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_7. Country of Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City) (Country)

8. Desired Program at Silla University

□ Bachelor’s □ Master’s □ Doctoral ※ Desired Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Bachelor’s in Korean Studies Major □ Korean Language Course

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| **FAMILY DETAILS**  |

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| --- | --- | --- | --- | --- | --- |
| Number | Name | Relationship | Age | Job | Telephone |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

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| **HOME INSTITUTION** |

1. Name of Home Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Address of Home Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Major:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Classification: □ fresh □ soph □ Jr □ Sr

5. Expected Date of Graduation: \_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_

(MM) (YYYY)

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| **ADDRESS** |

1. Current Address in Korea if you stay in Korea now

Number and street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country: Korea

2. Current Address in your country

Number and street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Current Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Emergency Contact Person (Name in full) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number and street : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **HEALTH AND MEDICAL INFORMATION** |

1. Do you have any type of disability? □ Yes □ No

If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Do you have any allergies or other medical requirements? □ Yes □ No

If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. If you have any pre-existing medical conditions, please give details.

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| **LANGUAGE PROFICIENCY** |

1. What is your native language?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Circle one of the numbers which shows your language ability in each section.

(※ 4→Excellent, 3→Good, 2→Fair, 1→Poor)

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| --- | --- | --- | --- | --- |
| Language | Speaking | Listening | Reading | Writing |
| Korean | 4 | 3 | 2 | 1 | 4 | 3 | 2 | 1 | 4 | 3 | 2 | 1 | 4 | 3 | 2 | 1 |
| English | 4 | 3 | 2 | 1 | 4 | 3 | 2 | 1 | 4 | 3 | 2 | 1 | 4 | 3 | 2 | 1 |
| Other( ) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 | 3 | 2 | 1 | 4 | 3 | 2 | 1 | 4 | 3 | 2 | 1 | 4 | 3 | 2 | 1 |

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| **EDUCATIONAL BACKGROUND** |

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| School | School Information | Period |
| Secondary Education (High School) | Name : Location :  | From : (MM,YYYY)To : (MM,YYYY)  |
| UndergraduateEducation | Name :Location :  | From : (MM,YYYY)To : (MM,YYYY) |
| GraduateEducation | Name :Location :  | From : (MM,YYYY)To : (MM,YYYY)  |

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| **VALIDATION** |

▪ I understand that Silla University (SU) collects and uses all the personal information on this application form for academic administrative purpose only and it can be used semi permanent.

I authorize SU provide the applicant's personal information to third party under relevant law of personal information protection when it's requested by third party

Date (MM-DD-YYYY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(unsigned applications cannot be considered)

▪ I hereby apply for SU as an international student and pledge to comply with the regulations of SU while I study at SU. a) To refrain from violating any of the regulations of SU, and to do my best in my studies in order to achieve the aims of the program. b) To accept responsibility for payment of any debts I may incur in Korea.

I certify that the information contained in this application is correct to the extent of my knowledge and belief.

Date (MM-DD-YYYY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(unsigned applications cannot be considered)

※ All Entrance application documents will not be turned back regardless result of success or failure of entrance.

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| **■ Post the completed application form and all relevant documents to the following address:**Office of International Affairs, Silla University 140 Baeyang-daero (Blvd) 700beon-gil(Rd), Sasang-gu, Busan, Korea (Zip code: 46958)Tel : +82-51-999-5511(5515), Fax : +82-51-999-5519 |