DONG-EUI UNIVERSITY
Student Exchange Program, Office of External & International Exchange
DONG-EUI UNIVERSITY, 995 Eomgwang-No Busanjin-Gu BUSAN, KOREA 614-714
Tel) 82-51-890-1033, 1034 Fax) 82-51-890-1035 E-mail: exchange@deu.ac.kr
Http://www.deu.ac.kr

APPLICATION FOR EXCHANGE STUDENT

* Applications should be typewritten or written in block letters by the applicants (in **Korean or English** only)

1. Name: (Equal to the name written in your passport)

Attach **One** Identical full face photograph here (Recently taken)

- Name in English: _____
  (The exact name on the barcode at the bottom of the passport in English)
- Name in Chinese Character: _____(If you have)

2. Gender: _____Male _____Female

3. Present address: _____

- Phone:_____ • Fax:_____ • E-mail:_____

4. Date of birth: _____ **Place of birth**: _____
(Month) (Day) (Year) (City) (State) (Country)

5. Nationality (ethnic group for Chinese students) ▶ _____

6. Marital status: ___ Single ___ Married

7. Home institution: _____

- Present status in University: __ 1st __ 2nd __ 3rd __ 4th __ others ( )
- Major field: _____(Concentration:_____)
- Your graduation day to be scheduled: _____(Month / Year)

8. Academic plan

- Intended Major:
- Required Minimum credits:
- Korean Language Courses (Language education center) : □ **YES** □ **NO**
  Strongly encouraged to attend courses as auditors.

9. Proposed Period of Study in Korea: Please mark √ in the boxes □ **1 Year** □ **1 semester**

10. Please write about your plans after completing your study in Korea

- Return to home country:____ • Others: _____

11. At which Korean Consulate/Embassy do you plan to apply for a visa? _____
(City) (Country)

12. Educational Background

Name of School	Location	from yy/mm/dd	to yy/mm/dd

13. Work Experience

Name of Company	Location	from yy/mm/dd	to yy/mm/dd

14. Family Members

Name in full	Relationship	Occupation	Date of Birth	Phone Number

15. Your family members and friends residing in Korea (If have)

Name in full	Relationship	Occupation	Address	Phone Number

16. Please state the reasons in detail for studying at DEU.

_____

_____

_____

17. Do you have any experience with foreign students including Korean? If you do, what kind?

_____

_____

18. Please state the source of fund in detail to cover all the expenses required for study in Korea.

_____

_____

19. Are there any special consideration (e.g. health, diet, religions, or requirements for access to special services, etc) that the exchange and cooperation office should consider?

_____

20. I understand that I am responsible for obtaining and maintaining appropriate health and travel insurance during my stay in Korea, and that the university is not liable for any medical or other expenses incurred.
I accept full responsibility for my health, safety, and compliance with all relevant regulations during my stay in DEU.

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I hereby certify that the information above-mentioned is correct, and I myself write and sign this form.

Date: _____ Signature: _____
(Month) (Day) (Year)