KYUNGDONG UNIVERSITY GLOBAL

Application Form



Please fill in all sections using CAPITAL LETTERS.

Email the scanned copies of this form and the required academic documents to:

Phone: +82 33.639.0131

Supply all the documents required together with attested / notarized academic decuments and proof of

Photo

together with attested / academic documents, and language proficiency, if app								
1. Personal Details								
☐ Mr ☐ Ms ☐ Mrs			Marital Status	☐ Singl	le			
Family Name			Date of Birth (YYYY/MM	И/DD)				
Given Name(s)			Passport Number					
Do you hold a current Korean visa?		☐ Yes ☐ No	Country of Birth					
If yes, specify your visa type			Citizenship					
Email								
SNS ID	☐ WhatsApp ☐ Skype ☐ Viber ☐ Facebook ☐ Etc.							
2. Permanent Address (e.g., parents' contact information for emergency)								
Full address								
ZIP CODE								
Telephone			Mobile phone					
3. Current Address (leave empty if the same as Permanent Address)								
Full address								
ZIP CODE								
Telephone			Mobile phone					
4. Language Proficiency								
English is my first la	nguage				☐ Yes ☐ No			
I have completed my previous studies where the official medium of instruction was Engli					☐ Yes ☐ No			
If yes, please provid	e the details							
I have taken the Eretc.) within the pas	TOPIK,	☐ Yes ☐ No						
Test Name								
Test Date			Test Score/Level					
5. Medium of Instruction I intend to use for my studies in Korea ☐ Korean ☐ English								

6. The Course I Apply For (choose the course of your choice)								
		☐ International Business Administration (English medium)						
		☐ Smart Computing (English medium)						
	Undergraduate Degree	☐ International Hotel Management (English medium)						
	Course	│ │						
Exchange Program	Course	SNS Media and Film Production (English medium)						
		☐ Korean Business Convergence (Korean medium)						
	Graduate Degree Course Artificial Intellig		gence and Data Science (English medium)					
		☐ International Bu	usiness Administration (English medium)					
		☐ International H	spitality and Tourism Management (English medium)					
Intended period of study as an Exchange Stude		□ One semester						
Intended period of stud	ly as an Exchange Student	☐ Two semesters						
7. Previous Studies (Please provide the certified copies of all academic documents as required)								
Name of High School								
Country			Result / CGPA					
Full Address			ZIP CODE					
Entrance Date			Date of Completion					
(YYYY/MM/DD)			(YYYY/MM/DD)					
Website			Telephone					
Name of Qualification Obtained (Diploma or Degree)								
Name of University								
Country			Result / CGPA					
Full Address			ZIP CODE					
Entrance Date			Date of Completion					
(YYYY/MM/DD)			(YYYY/MM/DD)					
Website			Telephone					
Name of Qualification Obtained (Diploma or Degree)								
8. Financial Sponsor								
Name of Sponsor								
Relationship [
Occupation								
Telephone								
9. Application Check	dist – Have you attached	d:	10. Declaration					
☐ APOSTILLED copy of yo	ur current university Enrollment	t Certificate?	I declare that the above inform	nation is true and accurate				
	mendation from the Rector/Pre	esident of your	and agree that any false statements can lead to the					
university?	crint from your university?		termination of my admission or enrollment with the					
☐ Official Academic Trans	t and transactions record for th	e last 6 months?	university.					
☐ A copy of your passpor		e last o months.	Applicant's signature					
☐ Affidavit of Support?			Date					
☐ Certificate of Family Rel	ationship (birth certificate) and	passport copies of	Agent's signature (if applicable)					
your parents?			Date					
☐ Medical check-up repor☐ Student Code of Condu	t (Tuberculosis test certificate)? act signed?		Agent's stamp (if applicable)					