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| **로고만.jpg** | | | | **Application Form**  **Summer Korean Language & Culture Camp**  **Silla Wave 2016** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please, fill in the following information completely and clearly in English (in Capital letters)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Personal Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Attach full face **photograph** (passport type) taken within the last 6 month | | | | | **Applicant Name**  ***(\* as in your passport)*** | | | | | | | (Family Name) | | | | | | | | | | | | | | | | | | | | | | |
| (First Name) | | | | | | | | | | | | | | | | | | | | | | |
| **Date of Birth** | | | | | | | (dd/mm/yy) / / | | | | | | | | **Age** | | | | | | | | | | |  | | | |
| **Place of Birth** | | | | | | | (City/Country) / | | | | | | | | | | | | | | | | | | | | | | |
| **Occupation** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Country of Citizenship** | | | | | | |  | | | | **Gender** | | | | | Female □ | | | | | | | |  | Male □ | | |  | | |
| **Passport No.** | | |  | |  | | | | | | | **Issue Date** | | | |  | | | | | **Expiration Date** | | | | | | | |  |  | | |  | |
| **Current Mailing Address** | | | *(\* with postal code)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Tel. No (Mobile)** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **E-mail** | | |  | | | | | | | | | | **Do you need visa to come to Korea?** | | | | | | | | | Yes □ | | | | |  | No □ | | | |  | | |
| **Education Background** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Undergraduate** | | | **Name of Institution** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Entrance (dd/mm/yy)** | | | | | | |  | | | | | | | | **Graduation (dd/mm/yy)** | | | | | | |  | | | | | | | | |
| **Address** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Major** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Graduate** | | | **Name of University:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Entrance (dd/mm/yy)** | | | | | | |  | | | | | | | **Graduation (dd/mm/yy)** | | | | | | |  | | | | | | | | | |
| **Major:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Language Proficiency** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What is your native language?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fluency in Korean: None □ Elementary □ Intermediate □ Advanced □  Fluency in English: None □ Elementary □ Intermediate □ Advanced □  Other (\_\_\_\_\_\_\_\_\_): None □ Elementary □ Intermediate □ Advanced □ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Emergency Contact** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **No.** | **Full Name** | | | | | | **Relationship** | | | | **Job** | | | | | **Tel. No.** | | | | | | | **E-mail** | | | | | | | | | | | |
| **1.** |  | | | | | |  | | | |  | | | | |  | | | | | | |  | | | | | | | | | | | |
| **2.** |  | | | | | |  | | | |  | | | | |  | | | | | | |  | | | | | | | | | | | |
| **3.** |  | | | | | |  | | | |  | | | | |  | | | | | | |  | | | | | | | | | | | |
| **Indicate a person (including yourself) or organization**  **that will be responsible for payment of your Participation Fee** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Family Name** | |  | | | | | | **Given Name** | | | | | |  | | | | | **Occupation** | | | | | | |  | | | | | | | | | |
| **E-mail** | |  | | | | | | | | | | | | | | | | | **Relationship** | | | | | | |  | | | | | | | | | |
| **Address** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Tel No. (office)** | |  | | | |  | | | **Tel. No. (Mobile)** | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Health and Medical Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have any type of disability or medical requirements | | | | | | | | | Yes □ No □  If Yes, please specify: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have any allergies or any food restrictions? | | | | | | | | | Yes □ No □  If Yes, please specify: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***I hereby apply for participation in the Summer Korean Language & Culture Program “Silla Wave 2016”, and pledge to comply with regulations of Silla University while I participate in the program. I certify that all above information in this Application is true and correct.***  **Date: (mm/dd/yy)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Applicant (Name): Signature:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**\* Please, send back the completed form together with the copy of your passport (photo page) by: E-mail:** [**alexandra@silla.ac.kr**](mailto:isyun@silla.ac.kr)

**[Note:** please, ensure the accuracy of the information in the graph “Current Mailing Address”. Write the full mailing address (including postal code). The documents necessary for visa application (if needed) will be sent to the mailing address provided in this application form.**]**