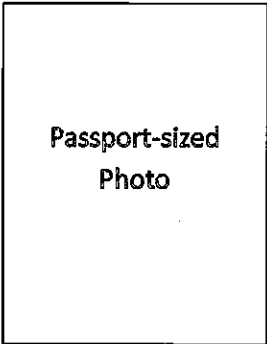




**PKNU-International Summer School (Period2)**



Passport-sized  
Photo

**Application Form**

Personal Detail			
First (Given) Name	Middle Name	Last (Family) Name	
Date of Birth	DD / MM / YYYY	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality			
Mailing Address			
Email Address			
Telephone		Fax	
Passport Number		Valid Date	DD / MM / YYYY

Current Enrollment Detail			
Home University			
Mailing Address of Home University			
Major (Minor)			
Year Level		Student ID Number	

Home University Approval			
Name of Office			
Name of Person in Charge			
Mailing Address*			
Email Address			
Telephone		Fax	

\* The original transcript will be sent to the mailing address above(except for individual participants).

Emergency Contact			
Name of Person			
Relationship			
Phone Number (Cell phone)	+	(Cell phone : +	)
Email Address			
Telephone		Fax	
Signature		Date	DD / MM / YYYY



**PKNU-International Summer School (Period2)**

<b>Course Registration</b>				
<b>Courses</b>	<b>Tick your selection(v) the box below</b>	<b>Credit(s)</b>	<b>Type</b>	<b>Time</b>
<b>Korean Language</b>		<b>-</b>	<b>Mandatory</b>	<b>Morning</b>
<b>Global Culture</b>		<b>1</b>	<b>Mandatory</b>	<b>Afternoon</b>

\*1 Credit is equivalent to 15 hours of work.

<b>Accommodation</b>	
<b>On-campus Dormitory (Twin room)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No (I will look for my own accommodation)

Check-in 6 Aug 2016 / Check-out 12 Aug 2016  
 \*Dormitory is not available before 6 Aug and after 12 Aug

<b>Declaration</b>			
I confirm that the information I have given is correct to the best of my knowledge.			
<b>Signature</b>		<b>Date</b>	DD / MM / YYYY

<b>Check List</b>
<input type="checkbox"/> Application form with a photo(passport size) attached <input type="checkbox"/> Official confirmation of student registration <input type="checkbox"/> Official academic transcript <input type="checkbox"/> Medical Certificate <input type="checkbox"/> 1 photocopy of the first two pages of the passport <input type="checkbox"/> 1 Photocopy of certificate of medical insurance coverage