2018 Korean Government Invitation Program

for Students from Partner Countries

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | ※Please print and capitalize your passport name | | | | | | | | | color photo  3.5×4.5 cm  (within 6 months) |
| Date of Birth  (yyyy/mm/dd) |  | | | | | Gender | Male  Female | | |
| Institution | Name of Institution | |  | | | | | | |
| Major | | \*University Students Only | | | | | | |
| Year | |  | | | | | | |
| Nationality | |  | | | Passport  Number | | |  | | |
| Telephone Number  \*Include Country Code | |  | | | Mobile phone  Number | | |  | | |
| E-mail | |  | | | | | | | | |
| Address | |  | | | | | | | | |
| City of Departure | |  | | Country of Departure | | | | |  | |
| Language Skills | | Korean | | English | | | | | Other( ) | |
| Fluent  Intermediate  Low  None | | Fluent  Intermediate  Low  None | | | | | Fluent  Intermediate  Low  None | |
| I apply to this program with my legal guardian's signature, and I certify that the information contained in this application form is complete and accurate.  2018. . .  Year Month Day    Applicant's Name Signature  Guardian's Name Signature | | | | | | | | | | |
| I recommend the above person to be admitted in the program.  2018. . .  Year Month Day    Recommender’s Name Signature  Position  Affiliation | | | | | | | | | | |