2020 Korean Government Invitation Program for Students from Partner Countries

Name	**Please print and capitalize your passport name								
Date of Birth (yyyy/mm/dd)					Gender	Gender			
Institution	Name of Institution								
	Major		*University Students Only					color photo 3.5×4.5 cm (within 6 months)	
	Year(Grade) Indicate ('V' check)		The student of The student of						
			university where Kore		an High school where re Korean language teachers an are dispatched by the Korean Government		l where ge teachers d by the		
Nationality					Passpor Numbe	port nber			
Telephone Number *Include Country Code					Mobile ph Numb	none er			
E-mail									
Address									
City of Departure				Country of Departure					
Language Skills		Korean ☐ Fluent ☐ Intermediate ☐ Low ☐ None		English ☐ Fluent ☐ Intermediate ☐ Low ☐ None			□ F □ In □ L	her(<u>)</u> luent ntermediate ow Jone	
Experience in Korea		☐ Have you ever visited l							
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.									
2020.									
Year Month Day									
Applicant's NameSignature									
Guardian's NameSignature									
I recommend the above person to be admitted in the program.									
2020 Year Month Day									
1. Recommender's NameSignature									
Position									
2. Korean Language Teacher's NameSignature									
* This signature(No.2) is only applicable for the students of high schools or universities									
where Korean language teachers dispatched by the Korean Government are working.									