2018 Korean Government Invitation Program

for Students from Partner Countries

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| Name | ※Please print and capitalize your passport name |  color photo3.5×4.5 cm(within 6 months) |
| Date of Birth(yyyy/mm/dd) |  | Gender | [ ]  Male[ ]  Female |
| Institution | Name of Institution |  |
| Major | \*University Students Only |
| Year |  |
| Nationality |  | PassportNumber |  |
| 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 SignatureGuardian's Name Signature |
| I recommend the above person to be admitted in the program. 2018. . . Year Month Day Recommender’s Name Signature Position  Affiliation  |