

# FORM 1. Application form

REGISTRATION NUMBER

- **Please type or print in English.** This form is two pages in length.
- Print this form after mailing it to the Office of admissions.

\*Do not write in this area.

## Admissions Type

- Check the appropriate box and indicate your desired program of study. You may apply to only one program.

Master's Program                       Combined Master's/Doctoral Program                       Doctoral Program

Department (Major): \_\_\_\_\_

## Personal Information

English Name: \_\_\_\_\_

Family / Last (姓)

First (名)

Middle (if any)

Salutation:  Mr.  Ms.

Passport Number / Resident Registration Number: \_\_\_\_\_ / \_\_\_\_\_

Nationality: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Marital Status:  Single  Married

Date of Birth (DD/MM/YY): \_\_\_\_\_

[If Dual Nationality of Korean and other foreign citizenship : Nationality \_\_\_\_\_ Passport Number \_\_\_\_\_]

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

- ◆ Language proficiency (Submission of proof document is required):

TOPIK ( )  TOEFL/TEPS/IELTS ( )  Any other proof ( )

## Family Information

### ◆ Father

Check one:  Father  Father deceased

Full Name: \_\_\_\_\_ Nationality: \_\_\_\_\_

Date of Birth(DD/MM/YY):: \_\_\_\_\_ Resident Registration No./Passport No.: \_\_\_\_\_

### ◆ Mother

Check one:  Mother  Mother deceased

Full Name: \_\_\_\_\_ Nationality: \_\_\_\_\_

Date of Birth(DD/MM/YY): \_\_\_\_\_ Resident Registration No./Passport No.: \_\_\_\_\_

◆ Campus dormitory residence :  Y,  N



## Academic Information

※In chronological order, list the names and complete addresses (including zip code) of all the schools and institutions that you've attended. Indicate the (expected) Graduation date or the Last date of Attendance for the current school.

	Dates Attended (DD/MM/YY) (Expected) Graduation or Last Date of Attendance(DD/MM/YY)	Name of School/Univ.	School Location	CGPA (only 4.0 or 100)
High Schools	From: To:			
Post-Secondary Studies (Undergraduate)	From: To:	(Major:		
Post-Secondary Studies (Graduate)	From: To:	(Major: )		

I declare that the information contained in this application is complete, accurate and true. I understand that any untrue, misleading or omitted information may result in my disqualification from further consideration for admission and may cause for the rescinding of any offer of admission, or for discipline, dismissal, or revocation of degree if discovered at a later date. I agree to abide by the rules and regulations in the Admission Guide for International Students and will take full responsibility for any problems arising from failing to adhere to the same.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date (DD/MM/YY)

## FORM 2. Statement of Purpose

Please type in English. The statement of purpose must be single spaced with no more than TWO pages, with the font **Times New Roman**, size 10. (\*10 points)

Goal of study &  
Study Plan

*o Goal of study, title or subject of research, and detailed study plan*

Future Plan  
after Study

*o Future plan in Korea or another country after study in Korea*

# FORM 3. Letter of Consent

※ Please fill out this form in English

SECTION 1 Applicant Information			
Passport Name			
	<i>Surname</i>	<i>Given Name</i>	<i>Middle Name</i>
漢子姓名 (Chinese & Japanese Only)		Desired Department	
		Desired Major	
SECTION 2 Academic Information			
Name of Institution Graduated		Type of Degree	
Address of Institution Graduated			
Department		Major	
Date of (Expected) Graduation	(Month / Day / Year)		
Period of Attendance	From	to	Number of Registered Semesters
Website of Institution Graduated			
SECTION 3 Institution Information to Request for the Release of Academic Information			
Department to request for Release of Academic Information			
Name of the person in charge for Release of Academic Information			
Phone/Fax No. of the person in charge for Release of Academic Information			
E-mail Address of the person in charge for Release of Academic Information			

<p>By making application for admission to Hallym University, I hereby authorize administrator or other persons to confer with others to obtain and verify my credentials and qualifications as a provider.</p> <p>I release any and all liability from all organizations or individuals who act in good faith and without malice to provide the above information.</p> <p>I consent to the release by any person to other institutions of all information that may be relevant to an evaluation of my credentials and qualifications and hereby release any such person providing such information of any and all liability.</p>
<p>Signature of Applicant: _____ Date: _____</p>