

<b>Application for INHA Korean Language Program</b>						(Photo)
(22212) INHA UNIVERSITY Global Education Team, 5F Inha Dream Center, 100 Inha-ro, Michuhol-Gu, Incheon, Korea						
Tel : 82-32-860-8274/82-32-860-8275/82-32-860-8302						
Fax : 82-32-863-2930						
E-mail : LTC@inha.ac.kr						
Homepage : http://LTC.inha.ac.kr						

Personal Information	Name (Korean)		Date of Birth	YYYY / MM / DD		Gender	Male / Female
			Nationality				
	Name (English)		Visa (if any)	Type			
				Expiration Date	YYYY / MM / DD		
	Passport No.		Passport Expiration Date		YYYY / MM / DD		
	Email		Contact Number				
	Address (Korea)						
Address (Home Country)							
Emergency Contact	Name		Tel		Relationship		
Desired Course	Regular Course	2023	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	
Level Test (For level assignment)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Study Duration	<input type="checkbox"/> 6 Months		<input type="checkbox"/> 1 year	
Dormitory		<input type="checkbox"/> Yes			<input type="checkbox"/> No		
		* First come first served based on payment(Non-refundable reservation)					
Academic History	Period	Name of the school			Major	Remark	
	YYYY / MM / DD ~ YYYY / MM / DD						
	YYYY / MM / DD ~ YYYY / MM / DD						
Work Experience	Period	Name of Workplace			Tel	Position	
	YYYY / MM / DD ~ YYYY / MM / DD						
	YYYY / MM / DD ~ YYYY / MM / DD						
Sponsor	Name			Tel			
	Address						
	Workplace	Address					
	Name			Position		Tel	
Family Information	Name	Relation	Date of Birth	Gender	Address / Name of Workplace		
			YYYY / MM / DD				
			YYYY / MM / DD				
			YYYY / MM / DD				
			YYYY / MM / DD				
Have you ever studied Korean?		<input type="checkbox"/> No	<input type="checkbox"/> Yes	Name of institution		Period of study	
Korean Language Proficiency		TOPIK	Level				
I hereby certify that all the information in my application is correct. If any information is incorrect, I understand that my admission will be cancelled and that I will bear all the legal responsibility for the wrong information. Moreover, I recognize that Inha University bears no liability for the admission cancellation.							
Date : YYYY / MM / DD				Name : (Signature)			