

## Application for Inbound Student Exchange / Study Abroad Program

PLEASE PRINT IN BLOCK CAPITAL LETTERS (in black ink).

I AM APPLYING FOR: ☐ SPRING: 20\_\_\_\_ ☐ Summer: 20\_\_\_\_ ☐ FALL: 20\_\_\_\_ ☐ Winter: 20\_\_\_\_

### Section I: Personal Information

**Name (PLEASE ENTER YOUR LEGAL NAME AS IT APPEARS ON YOUR PASSPORT & ATTACH THE PHOTO PAGE TO THIS APPLICATION)**

FAMILY NAME: \_\_\_\_\_ GIVEN NAMES: \_\_\_\_\_

OTHER NAME(S) ON SUPPORTING DOCUMENTS: \_\_\_\_\_

GENDER: ☐ MALE ☐ FEMALE

**Mailing Address (THIS ADDRESS IS REQUIRED TO PROVIDE ADMISSION DOCUMENTS.)**

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ MOBILE NUMBER: \_\_\_\_\_ / \_\_\_\_\_  
COUNTRY CODE CITY CODE NUMBER COUNTRY CODE NUMBER

E-MAIL ADDRESS: \_\_\_\_\_ ALTERNATE EMAIL ADDRESS: \_\_\_\_\_  
PLEASE WRITE E-MAIL ADDRESS CLEARLY IN BLOCK CAPITAL LETTERS PLEASE WRITE E-MAIL ADDRESS CLEARLY IN BLOCK CAPITAL LETTERS

**Alternate Mailing Address (VALID FROM YY/MM/DD TO YY/MM/DD)**

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

### Citizenship and Other Personal Data

DATE OF BIRTH: YYYY / MM / DD COUNTRY OF BIRTH: \_\_\_\_\_

COUNTRY OF CITIZENSHIP: \_\_\_\_\_ PASSPORT NUMBER: \_\_\_\_\_

☐ DUAL CITIZENSHIP. OTHER COUNTRY OF CITIZENSHIP: \_\_\_\_\_

IS ENGLISH THE PRIMARY LANGUAGE SPOKEN IN YOUR HOME? ☐ YES ☐ NO. IF NO, WHAT LANGUAGE? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? ☐ NO ☐ YES. IF YES, PLEASE EXPLAIN ON A SEPARATE PAGE THE NATURE OF THE OFFENSE.

DO YOU HAVE ANY PRE-EXISTING MEDICAL CONDITION THAT WILL AFFECT THE COMPLETION OF YOUR COURSE? ☐ NO ☐ YES. IF YES, PLEASE EXPLAIN BELOW OR ON A SEPARATE PAGE.

DO YOU FORESEE ANY OTHER DIFFICULTY THAT MAY AFFECT THE COMPLETION OF YOUR COURSE? ☐ NO ☐ YES. IF YES, PLEASE EXPLAIN BELOW OR ON A SEPARATE PAGE.

### Emergency Contact Details (The person to contact in case of an emergency)

Prof., Dr., Mrs., Mr., Ms. SURNAME / FAMILY NAME GIVEN NAMES RELATIONSHIP

PHONE NUMBER: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ MOBILE NUMBER: \_\_\_\_\_ / \_\_\_\_\_  
COUNTRY CODE CITY CODE NUMBER COUNTRY CODE NUMBER

E-MAIL ADDRESS: \_\_\_\_\_ ALTERNATE EMAIL ADDRESS: \_\_\_\_\_  
PLEASE WRITE E-MAIL ADDRESS CLEARLY IN BLOCK CAPITAL LETTERS PLEASE WRITE E-MAIL ADDRESS CLEARLY IN BLOCK CAPITAL LETTERS

### Personal Medical and Health Insurance (You must send proof of insurance before arriving in Korea)

☐ YES, I HAVE WORLDWIDE COVERAGE INCLUDING THE REPUBLIC OF KOREA

☐ NO, BUT I WILL JOIN THE INSURANCE PLAN FOR THE REPUBLIC OF KOREA AT SOLBRIDGE.

## Section II: Education

UNIVERSITY/COLLEGE IN WHICH YOU ARE ENROLLED: \_\_\_\_\_

CURRENT LEVEL OF STUDY: I AM IN YEAR \_\_\_\_\_ OF \_\_\_\_\_ YEARS OF STUDY OF A ☐ BACHELOR'S ☐ MASTER'S PROGRAM.

EXPECTED DEGREE: \_\_\_\_\_

EXPECTED YEAR/MONTH OF DEGREE: YYYY / MM

MAJOR: \_\_\_\_\_ MINOR(S): \_\_\_\_\_

MINOR(S): \_\_\_\_\_

GRADE, INTEGRATED MARKS OR GPA, (ON A DESIGNATED POINT SCALE): \_\_\_\_\_ ON A \_\_\_\_\_ POINT SCALE.

## Section III: Language Proficiency

PLEASE SPECIFY ENGLISH TEST SCORE IF YOU ARE NOT A NATIVE ENGLISH SPEAKER:

TOEFL

YY / MM / DD  
DATE TAKEN

SCORE

- ☐ INTERNET BASED  
☐ PAPER  
☐ COMPUTER  
☐ INSTITUTIONAL

IELTS

YY / MM / DD  
DATE TAKEN

LISTENING

READING

WRITING

SPEAKING

OVERALL BAND SCORE

OTHER LANGUAGE PROFICIENCY: \_\_\_\_\_

## Section IV: Other Information

PLEASE LIST IN ORDER OF PRIORITY THE EXTRACURRICULAR ACTIVITIES (SCHOOL, RELIGIOUS, COMMUNITY OR OTHER) IN WHICH YOU HAVE BEEN INVOLVED. INCLUDE PART-TIME WORK AND VOLUNTEER WORK SERVICES.

| NAME OF ACTIVITY | GRADE LEVEL<br>OR POST-SECONDARY (PS) |                          |                          |                          |                          | APPROXIMATE TIME SPENT |          | POSITIONS HELD, HONORS WON,<br>OR CERTIFICATES EARNED |
|------------------|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------|----------|---|
|                  | 9                                     | 10                       | 11                       | 12                       | PS                       | HRS/WEEK               | WEEKS/YR |   |
| _____            | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                  | _____    | _____   |
| _____            | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                  | _____    | _____   |
| _____            | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                  | _____    | _____   |
| _____            | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                  | _____    | _____   |
| _____            | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                  | _____    | _____   |
| _____            | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                  | _____    | _____   |

## Section V: Declaration

I UNDERSTAND THAT, UPON REGISTRATION IN THE STUDENT EXCHANGE/STUDY ABROAD PROGRAM, MY DATA MAY BE USED FOR ANY PURPOSE RELATING TO MY STUDY IN ACCORDANCE WITH THE PROCEDURES OF SOLBRIDGE INTERNATIONAL SCHOOL OF BUSINESS. I DECLARE THAT THE INFORMATION GIVEN IN SUPPORT OF THIS APPLICATION IS ACCURATE AND COMPLETE, AND UNDERSTAND THAT ANY MISREPRESENTATION WILL RESULT IN DISQUALIFICATION OF MY APPLICATION AND SUBSEQUENT ENROLMENT IN SOLBRIDGE INTERNATIONAL SCHOOL OF BUSINESS. I GIVE MY CONSENT FOR SOLBRIDGE INTERNATIONAL SCHOOL OF BUSINESS TO RELEASE AS REQUIRED THIS INFORMATION TO ORGANISATIONS AND PERSONS MENTIONED HEREIN FOR THE PURPOSE OF VERIFYING THE DATA SUPPLIED.

I UNDERSTAND THAT IF ADMITTED I AM RESPONSIBLE FOR APPLYING TO THE IMMIGRATION DEPARTMENT OF THE REPUBLIC OF KOREA FOR A STUDENT VISA TO STAY IN KOREA FOR THE ENTIRE PERIOD OF STUDY AT SOLBRIDGE INTERNATIONAL SCHOOL OF BUSINESS.

I FURTHER UNDERSTAND THAT AS A STUDENT EXCHANGE/STUDY ABROAD STUDENT, I AM RESPONSIBLE FOR ANY TUITION PAYMENT TO SOLBRIDGE AND THE COSTS ASSOCIATED WITH TRAVEL AND LIVING (VIZ. DORMITORY, MEALS, BOOKS, PERSONAL EXPENSES, ETC.) THAT MAY BE REQUIRED FOR THE DURATION OF MY STAY AT SOLBRIDGE.

SIGNATURE OF APPLICANT

DATE

LEGAL NAME:

SURNAME / FAMILY NAME

GIVEN NAMES

## Section VI: Proposed Study Plan

COURSES INTENDED TO STUDY AT SOLBRIDGE INTERNATIONAL SCHOOL OF BUSINESS (LIST 6 TO 8 COURSES IN PRIORITY ORDER)

FOR BBA SEE [HTTP://WWW.SOLBRIDGE.AC.KR/INDEX.PHP/ACADEMICS/BBA-PROGRAM/BBA-COURSE-DESCRIPTION/BBA-COURSES](http://www.solbridge.ac.kr/index.php/academics/bba-program/bba-course-description/bba-courses)

FOR MBA SEE [HTTP://WWW.SOLBRIDGE.AC.KR/INDEX.PHP/ACADEMICS/BBA-PROGRAM/BBA-COURSE-DESCRIPTION/MBA-COURSES](http://www.solbridge.ac.kr/index.php/academics/bba-program/bba-course-description/mba-courses)

| Course Code | Course Title |
|-------------|--------------|
|             |              |
|             |              |
|             |              |
|             |              |
|             |              |
|             |              |
|             |              |

TOTAL NUMBER OF COURSES \_\_\_\_\_

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO VERIFY WITH MY UNIVERSITY/COLLEGE EXCHANGE PROGRAM OFFICIAL THAT COURSE(S) I PLAN TO ENROLL AT SOLBRIDGE INTERNATIONAL SCHOOL OF BUSINESS ARE ACCEPTED FOR CREDIT TRANSFERRING BACK TO MY UNIVERSITY/COLLEGE. WITH MY SIGNATURE BELOW, I DECLARE THAT I HAVE DISCUSSED AND AGREED UPON WITH MY UNIVERSITY/COLLEGE EXCHANGE PROGRAM OFFICIAL THAT COURSE(S) I PLAN TO TAKE AT SOLBRIDGE INTERNATIONAL SCHOOL OF BUSINESS IS/ARE TRANSFERABLE AND ACCEPTED AS TRANSFER CREDITS TO MY UNIVERSITY/COLLEGE.

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

## Section VII: Endorsement from Home University/College

(PLEASE ATTACH THE OFFICIAL TRANSCRIPT OF THE APPLICANT IN SUPPORT OF THIS APPLICATION. PLEASE SEND THE COMPLETED APPLICATION FORM ALONG WITH THE TRANSCRIPT DIRECTLY TO SOLBRIDGE INTERNATIONAL SCHOOL OF BUSINESS, AFTER ENDORSING THE APPLICATION AS BELOW.)

I HAVE REVIEWED THE STUDENT'S APPLICATION, AND APPROVE THE PROPOSED STUDY PLAN.

OFFICIAL'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

OFFICIAL'S NAME: \_\_\_\_\_

PROF., DR., MR., MRS., MS.

SURNAME / FAMILY NAME

GIVEN NAMES

DESIGNATION OF OFFICIAL \_\_\_\_\_

## Section VIII: SolBridge International School of Business's Office Use Only (Please Do Not Write in This Section)

### Application Document Checklist

☐ Application Form   ☐ Official Transcript   ☐ Passport Photo Page   ☐ English Test Score

The applicant is admitted/not admitted to study at SolBridge International School of Business for the \_\_\_\_\_ semester of 20\_\_\_\_.

DIRECTOR OF ADMISSIONS \_\_\_\_\_

DATE \_\_\_\_\_

PROF., DR., MR., MRS., MS.

SURNAME / FAMILY NAME

GIVEN NAMES

SUBMIT THIS COMPLETED FORM TO THE ADDRESS ON THE RIGHT AND ATTACH THE FOLLOWING:

- ☐ TRANSCRIPTS / MARK SHEETS
- ☐ COPY OF PASSPORT ID PAGE
- ☐ ENGLISH TEST SCORE

**SOLBRIDGE**  
International School of Business

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Daejeon, Republic of Korea 300-814

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Email: [info@solbridge.ac.kr](mailto:info@solbridge.ac.kr)

[www.solbridge.ac.kr](http://www.solbridge.ac.kr)

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