



HUFS Dorm Application (Global Campus located in Yong-in City)

Hankuk University of Foreign Studies

※ Due to the limited capacity in our HUFSdorm(Global Campus), there is **NO GUARANTEE** that you will receive a room if you are not an exchange student to whom we offer guaranteed free housing.

Please complete and return this application to:

Office of International Student Services (OISS)
107 Imun-Ro, Dongdaemun-Gu, Seoul, Korea
130-791
Phone : 82-2-2173-2065 Fax : 82-2-2173-3387

FOR OFFICE USE ONLY

Date : ___/___/___ Receipt No.: _____

Signature : _____

HOW TO APPLY & PAY

1. Complete this application and fax or mail it to our office as early as possible.
2. This application **MUST** be submitted to OISS before the Exchange/Study Abroad application deadline in order for OISS to process your application in time for your check-in.
3. Payment for each term should be made in **Korean WON** during the first week of your program of study at HUFS after your arrival.

PERSONAL INFORMATION

Family Name(姓): _____ First Name(名): _____
 Sex(Please check) : MALE FEMALE Nationality: _____
 HOME University : _____ Free Accommodation*: YES NO
 Phone Number: _____ Email Address: _____

※ Please contact your international office to check if you are qualified to receive free accommodation.

ACCOMMODATION REQUEST

※ International exchange students will be assigned to **Double rooms**.

Period	Months (Number of weeks)	CHECK	RATES (Korean WON) DOUBLE ROOM
Spring semester	March – June (16 weeks)	<input type="checkbox"/>	1,244,000
	March – August (24 weeks)	<input type="checkbox"/>	1,874,000
Fall semester	September – December (16 weeks)	<input type="checkbox"/>	1,244,000
	September – February (24 weeks)	<input type="checkbox"/>	1,874,000
Two semesters	March – December (40 weeks)	<input type="checkbox"/>	3,118,000
	March – February (48 weeks)	<input type="checkbox"/>	3,748,000
	September – June (40 weeks)	<input type="checkbox"/>	3,118,000
	September – August (48 weeks)	<input type="checkbox"/>	3,748,000

※ Meals plan available / **No Cooking facilities are provided**

- Please visit our office's website to find out information about check-in/check-out dates
- If you take only one Korean language term which lasts 10 weeks and leave for home, you are responsible to pay for the entire semester(16 weeks)
- If you need to stay on campus beyond our schedules, contact us for special arrangements.

Health Statement & SPECIAL REQUESTS

1. Do you smoke? YES NO
2. I usually go to bed at 22:00 24:00 02:00
3. Do you have serious health problems or require disability support? YES NO
4. Have you completed "Health Examination Form"? YES NO
5. If you have other special requests, please specify : _____

Conditions of the contract and payment

1. You are to move in no more than **2 days** prior to the first day of the course you are applying for and move out no more than **2 days** after the completion of your study at HUFS. Any time you stay beyond 2 days, you must make arrangements with the coordinator at OISS.
2. If you expect to arrive later than your indicated move-in date, you must notify OISS of your planned date of arrival in writing by fax or email. If not, your housing arrangement will be canceled due to "no show" policy.
3. Separate from the indicated dorm fee, application fee of 40,000 Won is required from all dormitory residents.
4. You must pay your dormitory fee during the first week of each semester or vacation term and if you fail to make timely payments, your contract may be terminated.
5. If you would like to move in before the term starts, you should contact our coordinator at OISS and you may be charged early arrival rent (daily rate=20,000 Won), and if you move in after the term has begun, you should make full payment for the entire contract period.
6. If you choose to move out of the dorm before the term ends and remain enrolled, the dormitory fee will be refunded to you in accordance with the schedule described in our Dormitory Regulation. However, you move out of the dorm after completion of 10-week-Korean language program and leave for home, no fee will be refunded to you.
7. We do not accept any requests for monthly billing.
8. All successful dorm applicants are required to submit proof of health examination results (see our Health Examination Form) to waive the medical exam before arriving on campus. In case of staying for 2 semesters, applicant must submit health examination result before the beginning of each semester.
9. You should abide by all rules of the dormitory. If you want to terminate this contract, you should notify OISS in writing.

I hereby declare that I have read and understand this regulation and I understand that if I do not abide by these rules to which I have agreed, HUFS has the right to cancel this contract and I will be asked to move out of HUFS Int'l House without any refund.

Signature _____

Date _____



Health Examination Form for International Students

Hankuk University of Foreign Studies

※ Important: All successful applicants who need our university housing are required to submit proof of an authorized health exam result(including Hepatitis Type B and tuberculosis) prior to arrival in Korea, in accordance with the requirements of the Korean Immigration Service and our dormitory regulation.

Please check the appropriate box below

	Please complete
1. I have applied for on-campus housing and I submit this form signed by a clinician -----	<input type="checkbox"/> (I, II, III)
2. I will stay off campus throughout my study period -----	<input type="checkbox"/> (I, II)

I. Personal Information

Family Name(姓): _____	First Name(名): _____
Date of Birth(dd/mm/yy): ____/____/____	Gender: Male() Female ()
Nationality: _____	Home University: _____

II. Personal Medical Assessment

1. Have you had any serious illness or injury that required hospitalization in the last two years? Yes () No ()
2. Have you ever made repeated visits to a doctor for an illness or injury? Yes () No ()
3. Have you ever had any of the followings?
 - hepatitis or tuberculosis? Yes () No ()
 - close contact with any infectious disease? Yes () No ()
4. Do you have any allergies? Yes () No ()
5. Have you ever cared for by a mental clinician? Yes () No ()

If the answer to any of above questions is Yes, please provide the question number and specify in details below

Question Number() _____

(Describe)
I hereby state that information submitted on this form is true

Student Signature _____

Date _____

III. Health Examination Report (This form is VALID only if completed and signed by a clinician)

1. Hepatitis Type B

Results: HBsAg	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>
HBsAb or Anti-HBs	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>
HBcAB or Anti-HBc	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>

No Active or prior infection () Immune () New infection or chronic carrier () Unclear ()

Date of exam: _____

(Describe)

2. Tuberculosis

a. Skin Test Result: _____ Date of exam: _____

(Describe)

If the tuberculosis skin test is **positive (9.9mm or over) you must complete and submit b:**

b. Chest X-Ray

Date: _____ Normal Abnormal _____
(Describe)

Clinician's Signature

MD/NP/PA Name (Please Print)

Signature

Date

Address

Country

Telephone Number