

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____

For office use only

- ☐ Exchange
☐ Study abroad
☐ Visiting

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

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

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 ☐ INTERNET BASED
DATE TAKEN SCORE ☐ 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 OR POST-SECONDARY (PS)					APPROXIMATE TIME SPENT		POSITIONS HELD, HONORS WON, 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

Global Center,
Woosong Gwan #320,

17-2 Jayang-dong, Dong-gu
Daejeon, Republic of Korea 300-814

Phone: +82 (42) 629-6537 Fax: +82 (42) 629-6609

Email: info@solbridge.ac.kr

www.solbridge.ac.kr

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