[Form 1]

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| **Application of International Students for Special Admission to the Class of 2024** | Photo |
| Name | Korean |  | Exam Registration Number |  |
| English |  |
| Nationality |  | Alien registration number |  |
| Passport number |  | Visa Expiration Date |  |
| Date of birth |  | Gender | M( ) / F( ) |
| Phone number | Korea | Mobile 1 |  | Mobile 2 |  |
| Home country | Mobile 1 |  | Mobile 2 |  |
| Online | E-mail 1 |  | E-mail 2 |  |
| Address | Korea |  |
| Home country |  |
| Department you apply to |  |
| TOPIK | Level : |
| Domestic Korean Language Education (when applicable) | University | Education period | Final Completion Level |
| Starting date | Ending date |
|  |  |  |  |
| Guardian |
| Name |  | Nationality |  |
| Phone number |  | Relationship |  |
| Home address |  |
| Education |
| Classification | School name | Country name | Period of enrollment(YYYY/MM/DD) | Duration |
| High School |  |  |  | years |
| Middle School |  |  |  | years |
| Elementary school |  |  |  | years |
| \* Note:  |
|  **I, the undersigned, do hereby certify that the above statement is not false, and I hereby submit the prescribed documents for admission to your university.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YYYY/MM/DD **Applicant’s Name (signature)****Dongnam Health University President** |

[Form 2]

**Personal statement (academic plan)**

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| 1. **Introduce yourself (hobbies, talents, life perspective, upbrining, family environment, and etc.) in Korean and English.**
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| **2. Describe the motivation for your application and your academic plans after admission in Korean and English.** |
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| **I certify that the above is true and correct.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_YYYY/MM/DD **Applicant’s Name (signature)** |

[Form 3]

**Student Financial Aid Pledge**

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| --- |
| **Applicant** |
| Name | Korean |  |
| English |  |
| Date of birth |  |
| Passport number |  |
| Nationality |  |
| **Financial guarantor**※ If an applicant submits proof of his/her own bank account balance, the financial guarantor is the applicant.※ If an applicant submits the bank statement of his/her parent, the financial guarantor is the parent.  |
| Name |  |
| Relationship with the applicant |  |
| Occupation |  |
| Address |  |
| Contact number |  |
| **I pledge to bear all expenses of the above applicant during the period of study abroad.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_YYYY/MM/DD**Guarantor's name (signature)****Dongnam Health University President** |

**※ Financial guarantors can only be you and your parent.**

[Form 4]

**Personal Information Collection, Use, and Third-Party Disclosure Consent form [For International Students]**

Dongnam Health University collects, uses, and provides your personal information to third-parties for the purpose of accepting applications and screening for foreign students. Please read the following carefully, and then check and sign your consent.

|  |  |  |
| --- | --- | --- |
| Items of personal information to be collected and used | Purpose of collection and use of personal information | Period of use and retention of personal information |
| Photo, full name (Korean, English), nationality, gender, date of birth, visa type at the time of application, visa expiration date, phone number, Korean address, home address, department of application, TOPIK score, Korean education information (when applicable), guardian information, educational background, guarantor information, parent information, high school grades, elementary/secondary education grades (when applicable) family nformation, official record of entry and departure, deposit balance information, income/property information. | Foreign Student Admissions Processing | 5 years |

▶ **Personal Information Collection and Use Agreement**[“Required”]

※ You have the right to refuse the collection and use of your personal information. However, if you refuse to consent, there may be some restrictions on processing your application.

|  |  |
| --- | --- |
| **Personal Information Collection and Use Agreement** | **□ Yes □ No** |

▶ **Notice of Collection and Use of Personal Information**

Personal information is collected and used without the consent of the information subject in accordance with Article 15 Section 1 Clause 2 of the Personal Information Protection Act.

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| --- | --- | --- |
| Personal information processing items | Purpose of collection and use of personal information | Basis of collection |
| Alien registration number, passport number | To handle foreign student admissions | Article 73 of the Enforcement Decree of the Higher Education Act |

▶**Consent to provide personal information to third-parties**[“Required”]

|  |  |  |  |
| --- | --- | --- | --- |
| Where to submit | Items of submission | Purpose | Term of Use |
| Ministry of Justice | name, nationality, date of birth, gender, address, mobile phone number, passport number, alien registration number, photograph, grades, date of enrollment, date of graduation, date of change of status |  Visa issuance and stay | Until graduation |
| University educationCouncil | university code, provincial code, municipal code, affiliation code, type of selection code, recruitment unit name, recruitment period code, application result code, examination number, full name, alien registration number or passport number, day/evening class code, type of high school code, high school code, graduation year, enrollment date code, third-party consent status code, reception location code | ⦁Identification of violators of the legitimate college application procedure ⦁Verification of admission data by university ⦁Public disclosure of university information | Until completion of all the procedures |

※ You may refuse to consent to this. However, please note that you may not be able to obtain insurance or obtain a visa if you refuse to consent.

|  |  |
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| **Consent to provide personal information to third-parties** | **□ Yes □ No** |

I have read, clearly understand, and agree to the above.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 YYYY/MM/DD

 Applicant’s name: **(signature)**

**Dongnam Health University President**