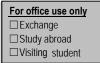
Inbound Student Exchange / Study Abroad Program / Visiting Student

Please type. Hand written forms will be returned.

I am applying for:
Fall 2018 only (one semester)
Fall 2018 and Spring 2019



Section I: Personal Information

Name (Please enter your legal name as it appears on your passport)

Family Name:
Given Name(s):
Other name(s) on supporting documents:
Gender: Male Female
E-mail address:
Alternate e-mail address:

Mailing Address (*This address is to be used for official correspondence, you can have documents sent directly to your university.*)

Address:				
City:	State/Province:			
Postal Code:	Country:			
Phone number: / Include country code	_ Mobile Number:	Include	/country code	
Please note. All official documents	will be sent by courier.	We need	l your complete	address
including postal code and phone num an incomplete address.	iber. The courier con	npany wi	ll not accept pa	ckages with
Alternate Mailing Address (Val 201: month			_day	to
Address:				
City:	State/Province:			
Postal Code:	Country:			

Citizenship and other personal data

Date of birth: Year/month/day	Country of birth:
Country of Citizenship:P	assport Number:
□ Dual Citizenship – country of other citizenship:	
Is English the primary language spoken in your hon	ne? 🗆 No. 🗆 Yes.
If no, what language?	
Have you ever been convicted of a criminal offense	? \Box No. \Box Yes.
If yes, please attach an explanation of the nature of	the offense.
Do you have any medical condition(s) that will affect the	e completion of your courses? \Box No. \Box Yes.
If yes, please attach information about the nature of	the condition.
Do you have any special food requirements for relig	gious or health reasons? \Box No. \Box Yes.
If yes, please state your food requirement(s):	

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

Prof., Dr., Mrs., Mr., Ms Surname / Fa	amily Name	Given	Name(s)
Relationship:			
Phone Number: / Include country code	Mobile Number:	/nclude country co	ode
E-mail address:			
Alternate e-mail address:			

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

 \Box Yes, I have worldwide coverage including the Republic of Korea.

 \Box No, but I will join the insurance plan for the Republic of Korea at SolBridge.

Section 2: Education

University / college in which you are currently en	rolled:
Current level of study: I am in year	of years of study of a
□ Bachelor's Program □ Master's Program	
Degree expect in: Year:Month:	
Major:	
Minor(s):	
Grade, integrated marks, or GPA (on a designated point scale.	l point scale):on a
My current English score is:	

Section 3: Declaration

I understand that, upon registration in the student exchange / study abroad program, my data may be used for any purpose relating to m y 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 the termination of the admission process. I give my consent for SolBridge International School of Business to release as required this information to organizations 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 en tire period of study at SolBridge International School of Business.

I further understand that I am required to make financial arrangements to ensure all other costs (visa, dormitory, meals, books, personal expenses) required for the duration of my stay in the republic of Korea are covered.

Signature of Applicant

Date

Legal Name:

Surname / Family Name Given Name(s)

Preferred Nickname

SECTION 4: PROPOSED STUDY PLAN

Courses intended to study at SolBridge International School of Business (list up to 6 courses in priority order). Courses that contain the c ode beginning with 1 are first year courses (i.e. COM114 is a first year communication course), 2, second year courses, etc. Five courses is generally considered a full load. Due to space lim itations, SolBridge can only guarantee that you will be able to take 3 core business courses, but we will try our best to get you into all the courses you have chosen. For BBA go to:

http://www.solbridge.ac.kr/story/page/index.jsp?code=solbridge0301 For MBA go to: http://www.solbridge.ac.kr/story/page/index.jsp?code=solbridge0302

Course Code	Course Title

TOTAL NUMBER OF COURSES ______ (six maximum)

I understand that it is my responsibility to verify with my university / college exchange programofficial that courses I plan to enroll at SolBridge Intern ational School of Busi ness are accepted for credit transferring back to my university. My signature below verifies that I have discussed and agreed upon with my university / college exchange official that courses I plan to take at SolBridge are transferable and accepted as transfer credits to my university / college. I understand that any changes I make to this list without consultation with my home universities' academic office are at my own risk

Signature of applicant

Date

Please note that courses offered at SolBridge are subject to availability as determined by the Registrar's office and can change. SolBridge keeps its information on our web page up-todate. Please verify before coming that a course you require is being offered during the semester(s) of your exchange.

Section 5: Endorsement from Home University/College

I have reviewed the student's application, and approve the proposed study plan.

Official's Signature	Designation of official	Date
Official's Name:		

The following must be attached to your application form:

- **Proof of English Proficiency** either an IELTS score or a TOEFL iBT score
- Copy of Photo Page of your Passport
- Original Transcripts / Mark Sheets certified or attested copies are acceptable
- Enrolment Certificate from your home university
- Official Transcript from your home university in support of this application
- **Proof of International Medical Insurance** for the duration of your stay in the Republic of Korea (if you have opted out of Korean Medical Insurance)



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Follow SolBridge on Twitter: <u>SolBridge@SolBridge</u>

www.solbridge.ac.kr