**Admission Application for International Student**

**Photo**

(Please insert your color photo taken within the last 6 months/3.5\*4.5cm size)

**Daegu Health College**

**(Scholarship Program)**

1. ADMISSION INFORMATION

|  |  |  |
| --- | --- | --- |
| Desired Academic Year | Application Type | Proposed Study/Major |
| Year □ Spring □ Fall | □ Freshman □ Transfer student |  |

2. APPLICANT INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Legal Name | Last | First | Middle | Preferred First Name |
|  |  |  |  |
| □ Male  □ Female | Date of Birth | Age | Country of Birth | Country of Citizenship |
|  |  |  |  |
| Marital Status | □ Single □ Married □ Divorced | | Religion |  |
| Mailing Address |  | | | |
| Permanent Address |  | | | |
| Cell Phone |  | | Phone |  |
| Email |  | | Skype ID |  |
| Passport | Passport No. | Date of Issue | Date of Expiry | |
|  |  |  | |
| Emergency Contact | Name | Phone | Email | |
|  |  |  | |

\* Phone number should include country, city and area codes.

\* Address should include Zip or postal code and country.

3. EDUCATION HISTORY

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of School | Major | Start | End | GPA | Credits | City/Country | Diploma |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

\* List all schools attended beyond secondary school. Begin with the most current school you have attended.

4. FAMILY INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Relationship | Occupation | Name of Company | Phone No. |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

\* Phone number should include country, city and area codes.

5. LANGUAGE PROFICIENCY

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Language | Name of Test | Score/Level | Date of Test | Date of Expiry |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

\* List official language proficiency test scores such as TOEFL, IELTS, TOPIK, JPT, HSK and etc.

6. WORK EXPERIENCE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Workplace | Start | End | City/Country | Position | Responsibilities |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

7. CERTIFICATE/LICENSE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name/Title | Level | Purpose | Certified by | Date of Issue | Date of Expiry |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

※ List your certificates and licenses which are related your to intended study.

8. REFERENCE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Recommender | Occupation | Relationship | Phone No. | Email |
|  |  |  |  |  |
|  |  |  |  |  |

\* Phone number should include country, city and area codes.

9. Who will be sponsoring your educational, living and travel expenses to and from DHC?

**□** Myself  **□** A sponsor (family member, friend or Organization)

If you chose “A sponsor”, please fill in the information below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sponsor’s information | | | | |
| Legal Name | Last | First | Middle | □ Male  □ Female |
|  |  |  |
| Mailing Address |  | | | |
| Phone |  | | Relationship |  |
| Email |  | | | |
| Company Name |  | | Job Title |  |

10. Do you have any medical conditions the college needs to be aware of?

**□** Yes □ No

If yes, please specify your medical condition:

|  |
| --- |
|  |

11. Have you ever been adjudicated guilty or convicted of a crime? or have you been dismissed and/or suspended from a school for disciplinary (non-academic) reasons?

**□** Yes □ No

If yes, please explain the case:

|  |
| --- |
|  |

12. Will you purchase health insurance through DHC? (Note: All students must have health insurance.)

**□** Yes □ No (I will have my own health insurance)

13. SELF-INTRODUCTION

|  |  |
| --- | --- |
| |  | | --- | | Personality (Strong points/weak points) | |
|  |
| |  | | --- | | Educational Background (Please summarize your academic achievements) | |
|  |
| |  | | --- | | Hobbies/Specialties (Computer skills, foreign language proficiency) | |
|  |
| |  | | --- | | About Yourself (Please write something about yourself) | |
|  |

14. STUDY PLAN

|  |  |
| --- | --- |
| |  | | --- | | What is your educational goal or primary purpose of applying to Daegu Health College? | |
|  |
| |  | | --- | | What do you know about your intended major? | |
|  |
| |  | | --- | | What are your future plans after graduating from Daegu Health College? | |
|  |

I certify that all information submitted in this application including the application supplements is my own work, factually true and honestly presented.

I understand that any misrepresentation of facts on this application will be cause for refusal of admission, cancellation of admission, or suspension from Daegu Health College.

|  |  |  |
| --- | --- | --- |
| Date | Applicant’s Name | Applicant’s Signature |
|  |  |  |