

Korean Language Education Center

Recruitment Guide for International Students

March 2025

Busan Health University

Content

I General Information

1. Recruitment Process and Selection Timeline	 page	2
2. Application Procedure	 page	2
3. Eligibility Criteria	 page	3
4. Selection Criteria (Documentation and Interview)	 page	3
5. Cost Breakdown	 page	3 – 4
6. Submission Method and the Admission Department	 page	4
7. Others	 page	5
8. Visa Issuance	 page	5 – 6

II Required Documents

[Form 1] Application for Admission	 page	7
[Form 2] Personal Statement (Self-Introduction)	 page	8
[Form 3] Study Plan	 page	10
[Form 4] Provision of Personal Information Consent Form	 page	12
[Form 5] Financial Resources Statement	 page	13

Recruitment Guidelines for the Korean Language Training Center

1 Recruitment Process and Selection Timeline

- A. Class Hours: 200 hours per quarter (Total of 800 hours per year)
- B. Class Levels: Beginner, Intermediate, and Advanced
- C. No. of Students: 10 students (more or less)
- D. Special Activities: 2 cultural activities per semester

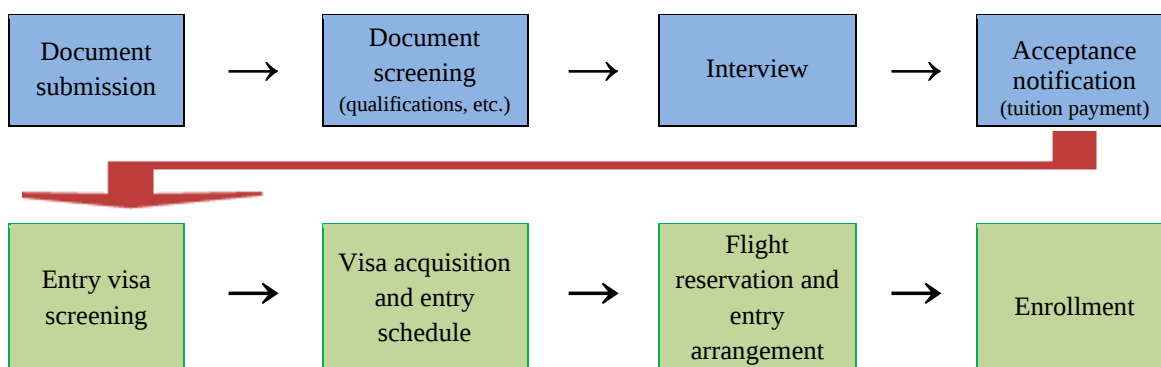
E. Selection and Class Schedule

Quarter	Application	Placement Test	Length	Classes
Spring	Rolling Admissions	As needed	03.04.25 (Tues) – 05.14.25 (Wed)	10 Wks. (200 hrs.)
Summer			06.02.25 (Mon) – 08.11.25 (Mon)	10 Wks. (200 hrs.)
Fall			09.01.25 (Mon) – 11.14.25 (Fri)	10 Wks. (200 hrs.)
Winter			12.01.25 (Mon) – 02.10.26 (Tues)	10 Wks. (200 hrs.)
1 year			03.04.25 – 02.10.26	40 wks. (800 hrs.)

※ Admissions and class schedules may change based on the school calendar.

2 Application Procedure

❖ Enrollment and Admission Process:



※ Students with inadequate Korean skills will be placed in a beginner class and will not take a placement test.

3 Eligibility Criteria

- A. Applicants must have graduated (or plan to graduate) from high school or possess basic abilities to achieve educational success.
- B. Foreign nationals must hold the appropriate legal status to reside in Korea in accordance with the Immigration Control Act.

※ Additional educational requirements may apply based on the applicant's nationality.

4 Selection Criteria (Documentation and Interview)

- A. Applicants must pass the documentation review.
- B. Applicants should have a clear purpose for studying Korean.
- C. Applicants must not have any issues concerning entry and visa issuance.
- D. Applicants must demonstrate sufficient financial capacity to cover their study abroad expenses.
- E. Applicants should possess overall basic abilities to achieve educational success.

5 Cost Breakdown

- A. Tuition and Accommodation (Housing)

(Unit: KRW)

Category	Amount	Remarks
Application Fee	50,000	
Tuition	4,000,000	40 wks. (approx. 1 yr.)
Housing	1,125,000	6 mos. (double rm.)
Insurance	100,000	6 mos.
Total	5,275,000	

(Unit: KRW)

Category	Amount	Remarks
Application Fee	50,000	
Tuition	4,000,000	40 wks. (approx. 1 yr.)
Housing	1,245,000	6 mos. (single rm.) *
Insurance	100,000	6 mos.
Total	5,395,000	

* Room size: small

(Unit: KRW)

Category	Amount	Remarks
Application Fee	50,000	
Tuition	4,000,000	40 wks. (approx. 1 yr.)
Housing	1,365,000	6 mos. (single rm.) *
Insurance	100,000	6 mos.
Total	5,515,000	

* Room size: medium

- ※ Living expenses do not include food.
- ※ Health insurance must be converted to national health insurance after 6 months.
- ❖ Dormitory Amenities: each unit includes a bed, desk, chair, closet, wireless internet (Wi-fi), laundry room, bathroom (including shower facilities), refrigerator, kitchen, and more.

B. Payment Method: Designated Account on the Invoice

Bank Name	
SWIFT Code	
Account Number	
Account Holder Name	
Bank Address	

6 Submission Method and the Admission Department

A. Application Submission Method

- a) Email: intl@bhu.ac.kr
Scan and compress documents according to the regulations before sending
The original documents are to be submitted in person or via mail
- b) Department: Busan Health University, Int'l Exchange Center
Address: 16 Sari-ro 55beon-gil,
Saha-gu, Busan, 49318
Republic of Korea
Phone: 051-200-3466
Attention: Hyo-jeong Ko

* Note

- All documents must be translated into Korean or English (submitted documents will not be returned)
- Any falsified documents will result cancellation of acceptance/admission
- All documents must be submitted in original within the deadline.

7 Others

- A. If the applicant does not possess the required visa for the language study program, and changes to the visa are not permitted according to the regulations set by the Ministry of Justice of the Republic of Korea, the applicant's admission will be canceled.
- B. If the applicant fails to pay the tuition fee within the designated time frame, their final acceptance will be canceled.
- C. If any submitted documents are found to be false or misleading, the admission of the successful applicant will be canceled.
- D. The submitted documents will not be returned.
- E. If you are unable to obtain a language study visa before the start of the program or cannot be admitted due to unavoidable circumstances tuition and housing expenses will be refunded.
- F. The school does not support the fees required for overseas remittance in case of refund.
- G. If you cancel your enrollment due to personal reasons after the start of the course, the tuition shall be refunded according to the regulations of the Korean Language Center of Busan Health University.

8 Visa Issuance

No.	Required Documents	Remark
1	Application for Admission [Form 1]	Handwritten signature required
2	Personal Statement (Self-Introduction) [Form 2]	
3	Study Plan [Form 3]	
4	High School or Higher Graduation (Enrollment) Diploma/Certificate (Notarized translation required for Chinese and other nationals)	Apostille or Consular verified certificate
5	Complete Academic Transcripts (Notarized translation required for Chinese and other nationals)	
6	Family Relationship Certificate	Notarized translation of certificate
7	Copies of Parents' and Family Members' Identification Cards	
8	Verification of Employment, Income and Tax Payment Certificates of Parents	Notarized translation of certificate
9	Verification of Deposit (Bank Balance Certificate)	VOD of 8 million won at Woori Bank in Vietnam
10	Consent for Collection, Use, and Provision of Personal Information [Form 4]	
11	Statement of Financial Resources (Study Abroad Expense Contribution Plan) [Form 5]	
12	Copy of Student's Passport	
13	Five(5) Photos (3X4)	

※ Please ensure that all documents are completed accurately to avoid delays in the admission process.

* Note

- The required application documents may vary based on the applicant's nationality.
- All documents must be translated into either Korean or English. Please note that submitted documents will not be returned.
- (For Chinese applicants) with a high school diploma or higher can apply at www.cdgd.edu.cn, while those with a college degree or higher can apply at www.chsi.com.cn.
- Admission will be revoked if any false documents are submitted.
- All documents must be submitted in their original form by the application deadline.

[Form 1]

부산보건대학교 외국인 입학 지원서

Application for Admission to Busan Health University

▶ 인적사항 Personal Data

성명 Name	영문(여권상) in English(as Written in the Passport)		전형구분 Admission Type	■ 한국어 어학연수 Korean Language course	사진 Photo 3x4cm
	한글 in Korean		한국어 학습 기간 Period of Studying Korean	(mm/dd/yy)	
	모국어 in Native language			(years months)	
				(mm/dd/yy)	
여권번호 Passport Number			생년월일 Date of Birth		
외국인등록번호 Alien Registration No.			국적 Country of Citizenship		
연락처 Contact Information	주소 Address				
	전화 Phone	(집) Home	보호자전화 Guardian's Contact number		
		(휴대폰) Cell	E-mail		

▶ 학력사항 Educational Data

학교명 Name of Institution Attended		재학기간 Period of Attendance (mm/dd/yy ~ mm/dd/yy)	학교소재지 Location of Institution	
			국가명 Country	도시명 City
초등학교 (Primary School)				
중·고등학교 Secondary (Middle & High School)				
대학교 Post-Secondary Studies				

▶ 보호자 기재 란 Guardian's Data

관계 Relationship	성명 Name	국적 Country of Citizenship	직업 Occupation	연락처 Contact Information	거주국가 및 도시명 Current Address

입학원서 및 제출서류 상의 모든 내용은 사실이며, 본 내용이 허위 또는 잘못 기재된 경우 귀교의 어떠한 결정에도 이의가 없음을 서약합니다.

I certify that all information I have provided in this application and any supporting documentation is on my own work, accurate and complete. I understand that any untrue, misleading or omitted information may result in my disqualification, dismissal, or revocation by Busan Health University.

2025 년 월 일

지원자 Applicant (인)sign

부산보건대학교
총장 귀하

수험번호 Application Number *		* 학교 기재 란
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[Form 2]

자기소개서

Self-Introduction

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I certify that the above is true and has been completed by the applicant.

날짜 Date : _____

지원자 Applicant: _____ Signature _____

부 산 보 건 대 학 교 총 장 귀 하

To the President of Busan Health University

[Form 3]

수학 계획서

Study Plan

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상기 내용은 사실이며, 지원자 본인이 작성하였음을 확인합니다.

I certify that the above is true and has been completed by the applicant.

날짜 Date : _____

지원자 Applicant: _____ Signature _____

부 산 보 건 대 학 교 총 장 귀 하

To the President of Busan Health University

[Form 5]

유학경비 부담 서약서

Statement of Financial Resources

지원자 인적사항 (Applicant's Personal Information)

이름 Name	
여권번호 Passport No.	

재정보증인 정보 (Financial Sponsor's Information)

성명 Name	
직업 Occupation	
주소 Address	
연락처 Contact Info.	
지원자와의 관계 Relationship with Applicant	

상기 학생(지원자)이 재학기간 중에 필요한 생활비 및 체재비 등 일체를 부담할 것을 보증합니다.

I hereby guarantee to sponsor the applicant for his/her study and stay during the school years in the above manner.

날짜 Date : _____

위 재정 보증자 Applicant: _____ Signature _____

부 산 보 건 대 학 교 총 장 귀 하

To the President of Busan Health University