



Silla University APPLICATION FORM

Office of International Affairs, Silla University
140 Baeyang-daero(Bld) 700beon-gil(Rd), Sasang-gu,
Busan, Korea (Zip code: 617-736)
Tel : +82-51-999-5480, 5481, Fax : +82-51-999-5993
Website : <http://globalen.silla.ac.kr>
E-mail : jwchoi@silla.ac.kr isyun@silla.ac.kr

Attach Full face
photograph taken
within the last 6
months(It should be
like a passport
photo)

Please fill in the following information completely and clearly in block letters.

PERSONAL DETAILS

☒ Write your name below to match your name as it appears in your passport.

1. Name: _____
Last Name(Family Name) First Name Middle Name

※ Name in Chinese character if you have : _____

2. Gender: ☐ Female ☐ Male

3. Date of Birth: ____/____/____ 4. Age: ____ 5. Passport Number: ____
(DD) (MM) (YYYY)

6. Place of Birth: ____/____ 7. Country of Citizenship: ____
(City) (Country)

7. Desired Program at Silla University

☐ Bachelor's ☐ Master's ☐ Doctoral ※ Desired Major: _____
☐ Bachelor's in Korean Studies Major ☐ Korean Language Course

※ Without certificate of TOPIK level 3 or higher, admission for degree course is not allowed but "Korean Studies" major applicant is waived from this requirement

8. Program Entry Term ☐ Spring(1st) semester(Mar.) ☐ Fall(2nd) semester(Sept.) year: _____

FAMILY DETAILS

Number	Name	Relationship	Age	Job	Telephone
1					
2					
3					
4					
5					

HOME INSTITUTION

- [illegible]

ADDRESS _____

1. Current Address in Korea if you stay in Korea now
Number and street: _____
City: _____ State: _____ Zip: _____ Country: Korea
Current Telephone(Cellphone): _____
2. Current Address in your country
Number and street: _____
City: _____ State: _____ Zip: _____ Country: _____
3. Current Telephone: _____ 3. e-mail address: _____
4. Emergency Contact Person(Name in full) : _____
Number and street : _____
City: _____ State: _____ Zip: _____ Country: _____
Relationship: _____ Telephone: _____

HEALTH AND MEDICAL INFORMATION

1. Do you have any type of disability? ☐ Yes ☐ No
If yes, please specify: _____
2. Do you have any allergies or other medical requirements? ☐ Yes ☐ No
If yes, please specify: _____
3. If you have any pre-existing medical conditions, please give details.

LANGUAGE PROFICIENCY

1. What is your native language? _____

2. Circle one of the numbers which shows your language ability in each section.

(※ 4→Excellent, 3→Good, 2→Fair, 1→Poor)

Language	Speaking				Listening				Reading				Writing			
Korean	4	3	2	1	4	3	2	1	4	3	2	1	4	3	2	1
English	4	3	2	1	4	3	2	1	4	3	2	1	4	3	2	1
(Other)	4	3	2	1	4	3	2	1	4	3	2	1	4	3	2	1

EDUCATIONAL BACKGROUND

School	School Information	Period
Secondary Education (High School)	Name : Location :	From : (MM,YYYY) To : (MM,YYYY)
Undergraduate Education	Name : Location :	From : (MM,YYYY) To : (MM,YYYY)
Graduate Education	Name : Location :	From : (MM,YYYY) To : (MM,YYYY)

VALIDATION

■ I understand that Silla University(SU) collects and uses all the personal information on this application form for academic administrative purpose only and it can be used semi permanent.

I authorize SU provide the applicant's personal information to third party under relevant law of personal information protection when it's requested by third party

Date(MM-DD-YYYY): _____ Signature: _____

(unsigned applications cannot be considered)

■ I hereby apply for SU as an international student and pledge to comply with the regulations of SU while I study at SU. a) To refrain from violating any of the regulations of SU, and to do my best in my studies in order to achieve the aims of the program. b) To accept responsibility for payment of any debts I may incur in Korea.

I certify that the information contained in this application is correct to the extent of my knowledge and belief.

Date(MM-DD-YYYY): _____ Signature: _____

(unsigned applications cannot be considered)

※ All Entrance application documents will not be turned back regardless result of success or failure of entrance.

■ Post the application form and all relevant documents and items to the following address :

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