

2020 Korean Government Invitation Program for Students from Partner Countries

Name	*Please print and capitalize your passport name			color photo 3.5×4.5 cm (within 6 months)
Date of Birth (yyyy/mm/dd)		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Institution	Name of Institution			
	Major	*University Students Only		
	Year(Grade)			
	Indicate ('V' check)	The student of university where Korean language teachers are dispatched by the Korean Government	High school where Korean language teachers are dispatched by the Korean Government	
Nationality		Passport Number		
Telephone Number *Include Country Code		Mobile phone Number		
E-mail				
Address				
City of Departure		Country of Departure		
Language Skills	Korean	English	Other()	
	<input type="checkbox"/> Fluent	<input type="checkbox"/> Fluent	<input type="checkbox"/> Fluent	
	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Intermediate	
	<input type="checkbox"/> Low	<input type="checkbox"/> Low	<input type="checkbox"/> Low	
	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	
Experience in Korea	<input type="checkbox"/> Have you ever visited Korea before? When(), for how long()			
I apply to this program with my legal guardian's signature, and I certify that the information contained in this application form is complete and accurate. 2020. . . Year Month Day Applicant's Name _____ Signature Guardian's Name _____ Signature				
I recommend the above person to be admitted in the program. 2020. . . Year Month Day 1. Recommender's Name _____ Signature Position _____ 2. Korean Language Teacher's Name _____ Signature ※ This signature(No.2) is only applicable for the students of high schools or universities where Korean language teachers dispatched by the Korean Government are working.				