

**Online Korean Language Program**

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| ***Application Form*****A. Personal Information** |
| **1. Name** |  | First | PHOTO |
|  |  | Middle |
|  |  | Last (Family) |
|  |  | Name in Korean(If applicable) |
| **2. Gender** | □ Male □ Female  | **3. Date of Birth**(dd-mm-yyyy) |  |
| **4. Country of Citizenship** |  | **5. Country of Birth** |  |
| **6. Email**  |  |
| **B. Academic Background** |  |
| **1. Major** |  |
| **2. Year of Study** |  |
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**C. Current Level of Korean**

**1. Have you ever studied Korean before?** □ Yes □ No

If yes, how many month(s) ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Where ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Fluency in Korean(check one) :** □None □ Elementary □ Intermediate □ Advanced

***I verify that I have read this application and all the information contained here is true to the best of my knowledge.***

Applicant’s Signature: Date:

Hallym University

1 Hallymdaehak-gil, Chuncheon Gangwon-do, 24252, Korea

Tel: +82-33-248-1342 Email: iao44@hallym.ac.kr

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| **Agreement on the Handling of Personal Information** |

Hallym University, Republic of Korea, values the protection and privacy of the applicant’s personal information in accordance with the related law, the Personal Information Protection Act. For the purposes of admission, administration and service provision, Hallym University is required to obtain the applicant’s consent to collect and use personal information as follows. If you fully understand this agreement, please grant your consent (check box and provide signature) to the university to collect and use your personal information.

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| **Personal Information to be Collected and Used** | **Purposes of Collection and Use** | **Period to Retain and Use Personal Information** |
| Name, date of birth, gender, home address, e-mail, telephone number and academic background that the applicant has declared on the application form | Processing and management of admission for study, verification and validation of study experiences and qualifications | From the time it is collected until the date its prescribed purpose is fulfilled |

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| ☞ Note that you may not consent to the collection and use of your personal information. However, if you deny consent, your access to various university services, including welfare, education and administrative services, may be limited or restricted. |

**Consent to collection and use of personal information □ I agree □ I do not agree**

I fully understand the contents written above and agree that Hallym University shall collect and use my personal information in accordance with the related law, the Personal Information Protection Act.

Date: (YYYY.MM.DD) Name: (Signature)