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| **Application** **Form** | * Phone.02-555-0691
* Fax..02-2039-2778
* E-Mail..krpeter@daum.net
* Address. 경기도 고양시 덕양구 원흥1로 46-15
 |
| Please read this carefully and complete all the relevant sections. Please keep a copy for your reference. |

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| **Section A.**  | Personal Details |
| **FAMILY NAME** | **GIVEN NAME(S)** |
| **PREFERRED/ENGLISHED NAME** | **GENDER**  | MALE | FEMALE |
| **DATE OF BIRTH** | **AGE** |
| **NATIONALITY** | **PASSPORT NUMBER** |
| **VISA** | **ADMISSION**  |
| **ADDRESS** |
| **PHONE** | **MOBILE** |
| **E-MAIL** | **LANGUAGE** | **ENGLISH*** Advanced
* Intermediate
* Beginner
 | **CHINESE*** Advanced
* Intermediate

Beginner |
| **Name of School** | **Current Status**Year | **Status**(Graduated, Leave of Absence, Drop Out) |

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| **Section B.** | Program Entry Information – Please tick and complete the details if you have one of the following:  |
| TOEFL IELTS | Date of Exam\_\_\_/\_\_\_\_/\_\_\_\_\_\_ | Overall Score | Listening | Reading  | Writing | Speaking |
| TOEIC | Date of Exam\_\_\_/\_\_\_\_/\_\_\_\_\_\_ | Overall Score | Listening | Reading | Writing  | Speaking |
| HSK | Date of Exam\_\_\_/\_\_\_\_/\_\_\_\_\_\_ | Overall Score | Listening | Reading | Writing | N/A |
| **Section C.** | Future Study/ Career Plans |
| What are your plans upon completing your program of study?* Continue my education in South Korea
* Continue my education in the United States
* Continue my education in China
* Find employment in South Korea
* Other – Please provide details:
 |

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| **Section D.** | Medical Details/Special Needs: |
| Please provide a medical certificate if:1. You have been hospitalized in the last 6 months
2. You suffer from any life-threatening condition
3. You have received treatment or medication in relation
 |
| **Do you have any allergies, disabilities, or medical requirements?** | **Are you currently taking any prescribed medication?** |
| * Yes
 | * No
 | * Yes
 | * No
 |
| Please give details:  | Please give details:  |

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| **Section E.**  | Guardian Information |
|  | Name | Relationship  | Mobile Number | Address (E-mail) |
| **Section F.**  | Family Information |
|  | Name | Relationship  | Mobile Number | Address (E-mail) |
|  | Name | Relationship  | Mobile Number | Address (E-mail) |
|  | Name | Relationship  | Mobile Number | Address (E-mail) |
| **Section G.** | Emergency Contact |
|  | Name | Relationship  | Mobile Number | Address (E-mail) |
| **Section H.** | Official Representative |
| * Where did you hear about Agape Global Science Academy (AGSA)?
* Friends
* Website
* Students at AGAPE
* Advertising
* Education Fair
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| **Section I.** | Student Declaration |
| * I have read and understood this document.
* I declare the information in this application or any attachments are true and correct.
* I understand and agree to the Terms and Conditions of Enrollment and rules of Agape Global Science Academy.
 |
| Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Under 18 Applicant: A parent’s/Lega guardians’ signature is required |
| Legal Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Recommendation |  |
| **Section H.** | Recommendation |
| * I recommend the above person to be admitted to your school.
 |
| Recommender’s Name  |  | Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |