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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 \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |