

Inbound Student Exchange / Study Abroad Program / Visiting Student

Please type. Hand written forms will be returned.

I am applying for: Fall 2016 only (one semester) Fall 2016 and Spring 2017

For office use only

- Exchange
- Study abroad
- Visiting student

Section I: Personal Information

Name (*Please enter your legal name as it appears on your passport*)

Family Name: _____

Given Name(s): _____

Other name(s) on supporting documents: _____

Gender: Male Female

E-mail address: _____

Alternate e-mail address: _____

Mailing Address (*This address is to be used for official correspondence, you can have documents sent directly to your university.*)

Address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Phone number: ____ / _____ Mobile Number: ____ / _____
Include country code *Include country code*

Please note. All official documents will be sent by courier. We need your complete address including postal code and phone number. The courier company will not accept packages with an incomplete address.

Alternate Mailing Address (*Valid from 2016 month _____ day _____ to 2016 month _____ day _____*)

Address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Citizenship and other personal data

Date of birth: Year/month/day _____ Country of birth: _____

Country of Citizenship: _____ Passport Number: _____

Dual Citizenship – country of other citizenship: _____

Is English the primary language spoken in your home? No. Yes.

If no, what language? _____

Have you ever been convicted of a criminal offense? No. Yes.

If yes, please attach an explanation of the nature of the offense.

Do you have any medical condition(s) that will affect the completion of your courses? No. Yes.

If yes, please attach information about the nature of the condition.

Do you have any special food requirements for religious or health reasons? No. Yes.

If yes, please state your food requirement(s): _____

Emergency Contact Details *(The person to contact in case of an emergency)*

Prof., Dr., Mrs., Mr., Ms *Surname / Family Name* *Given Name(s)*

Relationship: _____

Phone Number: ____ / _____ Mobile Number: ____ / _____
Include country code *Include country code*

E-mail address: _____

Alternate e-mail address: _____

Personal Medical and Health Insurance *(You must send proof of insurance before arriving in Korea)*

Yes, I have worldwide coverage including the Republic of Korea.

No, but I will join the insurance plan for the Republic of Korea at SolBridge.

Section 2: Education

University / college in which you are currently enrolled: _____

Current level of study: I am in year _____ of _____ years of study of a

Bachelor's Program Master's Program

Degree expect in: Year: _____ Month: _____

Major: _____

Minor(s): _____

Grade, integrated marks, or GPA (on a designated point scale): _____ on a _____ point scale.

My current English score is: _____

Section 3: Declaration

I understand that, upon registration in the student exchange / study abroad program, my data may be used for any purpose relating to my study in accordance with the procedures of SolBridge International School of Business. I declare that the information given in support of this application is accurate and complete, and understand that any misrepresentation will result in disqualification of my application and the termination of the admission process. I give my consent for SolBridge International School of Business to release as required this information to organizations and persons mentioned herein for the purpose of verifying the data supplied.

I understand that if admitted I am responsible for applying to the immigration department of the Republic of Korea for a student visa to stay in Korea for the entire period of study at SolBridge International School of Business.

I further understand that I am required to make financial arrangements to ensure all other costs (visa, dormitory, meals, books, personal expenses) required for the duration of my stay in the republic of Korea are covered.

Signature of Applicant Date

Legal Name: _____
Surname / Family Name Given Name(s) Preferred Nickname

SECTION 4: PROPOSED STUDY PLAN

Courses intended to study at SolBridge International School of Business (list up to 6 courses in priority order). Courses that contain the code beginning with 1 are first year courses (i.e. COM114 is a first year communication course), 2, second year courses, etc. Five courses is generally considered a full load. Due to space limitations, SolBridge can only guarantee that you will be able to take 3 core business courses, but we will try our best to get you into all the courses you have chosen.

For BBA go to:

<http://www.solbridge.ac.kr/story/page/index.jsp?code=solbridge0201>

For MBA go to:

<http://www.solbridge.ac.kr/story/page/index.jsp?code=solbridge0202>

Course Code	Course Title

TOTAL NUMBER OF COURSES _____ **(six maximum)**

I understand that it is my responsibility to verify with my university / college exchange program official that courses I plan to enroll at SolBridge International School of Business are accepted for credit transferring back to my university. My signature below verifies that I have discussed and agreed upon with my university / college exchange official that courses I plan to take at SolBridge are transferable and accepted as transfer credits to my university / college. I understand that any changes I make to this list without consultation with my home universities' academic office are at my own risk

Signature of applicant

Date

Please note that courses offered at SolBridge are subject to availability as determined by the Registrar's office and can change. SolBridge keeps its information on our web page up-to-date. Please verify before coming that a course you require is being offered during the semester(s) of your exchange.

Section 5: Endorsement from Home University/College

I have reviewed the student's application, and approve the proposed study plan.

Official's Signature

Designation of official

Date

Official's Name: _____

The following must be attached to your application form:

- **Proof of English Proficiency** – either an IELTS score or a TOEFL iBT score
- **Copy of Photo Page of your Passport**
- **Original Transcripts / Mark Sheets** – certified or attested copies are acceptable
- **Enrolment Certificate** – from your home university
- **Official Transcript** – from your home university in support of this application
- **Proof of International Medical Insurance** – for the duration of your stay in the Republic of Korea (if you have opted out of Korean Medical Insurance)

SOLBRIDGE
INTERNATIONAL SCHOOL OF BUSINESS



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