Application for INHA Korean Language Program

(22212) INHA UNIVERSITY Global Education Team, 5F Inha Dream Center, 100 Inha-ro, Nam-Gu, Incheon, Korea

Tel: 82-32-860-8274/82-32-860-8275/82-32-860-8302 Fax: 82-32-863-2930 (Photo)

	Name			Date o	of Birth	YYYY / MM / DD	Gender	Male / Female
	(Korean)				onality			
Personal	Name			i	isa	Туре		
	(English)			(if	any)	Expiration Date	YYYY	//MM/DD
Information	Passport No.			Passport Expiration Date		YYYY / MM / DD		
	En	nail				Contact Number		
	Address	s(Korea)						
		lress Country)						
Emergency		Name		Tel	l		Rela	tionship
Desired C	ourse	Regular Co	urse 202	20 □ S	pring	□ Summer	□ Fall	□ Winter
LTC (Off-Campus F	Residence			Single e first serve	d based on payment(No	□ Doub	
		Period		N	ame of the	school	Major	Remark
Academic History	YYYY / MM /	1 / DD ~ YYYY / MM / DD						
IIIStO1 y	YYYY / MM /	DD ~ YYYY / MM	/ DD					
		Period		N	Name of Workplace		Tel	Position
Work Experience	YYYY / MM /	DD ~ YYYY / MM	/ DD					
p 0.101100	YYYY / MM /	DD ~ YYYY / MM	/ DD					
	Name				Tel			
Changan	Address							
Sponsor	***/11	Address						
	Workplace Name				Positio	n	Tel	
	Na	ime	Relation	Date of Bi	rth Gen	der Address	s / Name of W	orkplace
				YYYY / MM /	DD			
Family				YYYY / MM /	DD			
Information				YYYY / MM /	DD			
				YYYY / MM /	DD			
				YYYY / MM /	DD			
Have you e	ever studied K	Korean?	□ No	□ Yes	Name o	of	Period	
Korean La	anguage Prof	ïciency	ТОРІК	Level	instituti	on	of study	
I understand		nission will be I recognize tl	If any cancelled a	y informatio nd that I wil iversity bear	n is incorre l bear all tl	he legal responsibility ty for the admission ca		g information.

서약서(PLEDGE)

영 문	이 름(English name)	:
하 국	이 름(Korean name)	:

I. 등록금 환불 규정(Tuition Refund Policy)

반환사유 Reason for refund	반환사유 발생일 Application Date	반환금액 Refund Amount
	직전학기 수료일 전 Before the commencement day of the last program	수업료 전액 Full tuition refund(100%)
수강포기시	개강일 전 Before the starting day of the current program	수업료의 5분의 4 해당 액 4/5 of tuition(80%)
Cancellation of Program	개강일 이후 7일 경과 전 During the 1st week of the current program	수업료의 2분의 1 해당 액 1/2 of tuition(50%)
	개강일 이후 7일 경과 후 After the 1st week of the current program	환불하지 않음 No refund
유급으로 인한 제적시 Expulsion due to 3 times of failure at the same level	기말고사 성적 사정 후 After final exam	수업료 전액 Full tuition refund(100%)

- 등록금 환불 신청 후 약 3주정도 소요됩니다. (It takes three weeks or more after application.)
- 외국인학생은 대한민국의 교육부 정책에 따라 반드시 보험을 가입하여야 합니다. 보험가입비는 납부 이후 절대로 환불되지 않습니다. All the international students have to buy accidental and medical insurance plan based on the policies of the Ministry of Education in Korea, and the insurance fee CANNOT be refunded in any case after the payment.
- 숙소는 최소한 6개월이상 거주하여야 합니다. 따라서 숙소 보증금은 계약이 종료되기 전 퇴실 할 경우 환불되지 않습니다. You are required to live in the residence introduced by LTC for at least SIX months based on the housing contract, and therefore the deposit money CANNOT be refunded if you move out before the contract ends.
- 수강 취소 신청 시 증빙서류를 제출해야 합니다. (If you want to cancel this course, you have to submit the required documents below.)
 - 증빙서류 : 항공권(귀국 시), 표준입학허가서(전학 시) 등

Required documents: Flight ticket (When leaving Korea), Admission letter (Moving to other universities)

☐ I agree

Ⅱ. 제적 처리 원칙(Reasons to be expelled from School)

- 1. 3회 연속 무단 결석하는 경우(결석으로 환산한 지각 포함)
 - When being absent from classes three times straightly without a prior notice to a teacher or school (Including lateness)
- 2. 수업태도 불량으로 경고장을 받은 후 수업태도가 개선되지 않은 경우

When continuing to behave badly even though he/she received a warning letter from the office.

- 3. 동일 급수에서 3회 연속 유급하는 경우 When he/she failed three times in a row at the same level
- 4. 본원에서 더 이상 수학할 의사가 없으며, 교실의 학습분위기를 명백히 방해한 경우 When he/she has clearly no motivation and passion for studying Korean at the LTC of Inha University, and then he/she gives a bad effect on the learning environment of a classroom in a negative way.
- 위의 제적 사유에 따라 제적될 경우, 학생은 전혀 납부한 등록금을 환불 받을 수 없습니다.

We CANNOT refund your tuition at all, if you are expelled from school owing to the reasons above.

1 1	 agree
1 1	 agice

상기 본인은 위 사항에 대하여 충분히 숙지한 바 위 사항을 위반하여 발생하는 문제에 대하여 모든 책임을 질 것입니다.

I hereby pledge to comply with the rules and regulations above and will be fully responsible for any problems resulting from violating any of them.

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<u>이름(Name) :</u>				서명(Signature) :

Language Training Center Inha University

Agreement of Collect and Use(disclose) Personal Information

In the process of the ordinary personnel administration and various services, such as academic administration, application for the foreign registration, permission of stay in Korea and medical expense insurance, etc for the students, Language training center in Inha university (hereafter "LTC") is required to obtain the students' consent to collect and use(including disclosure to a third party) personal information as following. please check the box next to "agreement" and sign your name.

personal	information	purpose of collection and use pe			of use and retention of ersonal information	
Number, Foreigr number, Contact	number(cellphone, , Address(residence,	Academic administration, application for foreign registration, permission of stay in Korea, and insurance, etc			Permanent	
	e of disagreement :	sent to this agreement. You can't register at t agree		lisagree		
Agreement to	collect and use pe	rsonal information			["Mandatory"]	
personal information	purpose of collection and use				iod of use and retention of personal information	
Gender, Nationality		ration, Application for sion of stay in Korea, etc		Permanent		
		You can't register at t agree mation to the third par		lisagree dentifiable		
Third party	•	ormation to be closed	purpose collection a		period of use and retention of personal information	
Affiliated insurance	Full name, Date of Number, Foreign re Gender, Nationality	egistration number,	Processing application for medical expense insurance		1 year after the expiration date of medical expense	
company	Geriaer, reactionality		insurance		insurance	
You are under	no obligation to consections of disagreement:	sent to this agreement. You can't take medica agree	l expense insu	rance. Iisagree	Insurance	
You are under O Disadvantage hereby confirm	no obligation to conse of disagreement:	sent to this agreement. You can't take medica agree	l expense insu	lisagree	I agree to the terms a	
You are under Disadvantage hereby confire	no obligation to conse of disagreement:	sent to this agreement. You can't take medica agree ad and fully unders	l expense insu	lisagree		
You are under Disadvantage hereby confire onditions of thi	no obligation to conse of disagreement:	sent to this agreement. You can't take medica agree ad and fully unders	l expense insu	lisagree		