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|  | **Seoul National University College of Medicine****International Visiting Student Application** |

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| **Personal Information** |
| Last Name |  | Middle Name |  | Photograph(3 x 4 cm) |
| First Name |  | Date of Birth(mm/dd/yy) |  |
| Nationality |  | Gender |  |
| Address |  |
|  |  |
| City |  | State/Province |  | Country |  |
| Tel./Phone |  | E-mail Address |  |
| Emergency Contact | (Name/Relationship/Phone Number) |
| Language | English | □ Fluent □ Good □ Fair □ N/A | Korean | □ Fluent □ Good □ Fair □ N/A |
| Grade(Year) |  \_\_\_\_\_\_ of \_\_\_\_\_-year program | Expected graduation date (mm/yy) |  |
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| **Medical School Information** |
| Name |  |  | Country |  |
| Address |  |
|  |
| **Requested Elective** ※ **Students are required to start the program on the first Monday of each month and participate in orientation at SNUCM on the preceding Friday.**※ A full list of placements can be viewed here, http://medicine.snu.ac.kr/en/node/1183 |
| **Priority** | **Start Date (mm/dd/yy)** | **End Date (mm/dd/yy)** | **Subject Area (Department/Division)** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

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| **Motivation** ※ Please detail your interests and/or **what you would like to do within your preferred department/field.** |
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I hereby declare that the information provided above is true to the best of my knowledge and will abide by whatever decision SNU College of Medicine makes regarding my application.

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| **Applicant Name:** |  |
|   |  **(Print) (Signature) (Date)** |

**Part 2 (To be completed by the student’s school)**

※ Please check the correct response and complete each question.

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| Is the student is in good academic standing at this school? | Yes □ No □ |
| Is the student is approved to participate in the elective(s) specified? | Yes □ No □ |
| Is the student in his/her penultimate year or final year of Medical school? | Yes □ No □ |

School Seal

※ Please fill out your contact information and sign below.

Name of Program Officer or Registrar: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_