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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) | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Medical School Information** | | | | | | | | | | | | | | | | | | | | |
| Name | | |  | | | |  | | | | Country | | | | | |  | | | |
| Address | |  | | | | | | | | | | | | | | | | | | |
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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_