



Application for Admission to Keimyung University (Undergraduate Program)

Year		Semester	<input type="checkbox"/> March(Spring) <input type="checkbox"/> September(Fall)	Period	<input type="checkbox"/> First <input type="checkbox"/> Second
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1. Application Information			Photo
Admission Type	<input type="checkbox"/> Freshman <input type="checkbox"/> Parents are both non-Korean	<input type="checkbox"/> Transfer(<input type="checkbox"/> 2nd / <input type="checkbox"/> 3rd / <input type="checkbox"/> 4th) <input type="checkbox"/> Completed elementary to high school abroad	3cm × 4cm
Intended Department			

* For the transfer applicants, please submit the [Appendix 2. Consent for Release Personal Information Form] with the complete application form.

2. Personal Information

Name (Korean)		Name (English)		Name (Chinese)	
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* English Name must be written as the one from the passport, Chinese name is only for the Chinese applicant

Date of Birth (YYYY/MM/DD)		Nationality		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Passport Number		Alien Registration Number		Current Residence	<input type="checkbox"/> In Korea <input type="checkbox"/> Outside of Korea
Contacts	Phone in Korea			E-Mail	
	Address in Korea				
	Address in HomeCountry			Phone in Home Country	

* Important information regarding admission will be delivered via contacts provided. Please give us exact ones.

3. Educational Background

Final Education Information	Freshman Admission	High School		
	Transfer Admission	University	Total Credits Earned from previous University / Graduation Credit of previous University	/
		Type of diploma	<input type="checkbox"/> Associate Degree(<input type="checkbox"/> 2-Year / <input type="checkbox"/> 3-Year) <input type="checkbox"/> Diploma(<input type="checkbox"/> 1-Year / <input type="checkbox"/> 2-Year / <input type="checkbox"/> 3-Year)	
Complete Year of Elementary, Middle and High School Education		<input type="checkbox"/> 12 Years(Semesters) <input type="checkbox"/> 11 Years(Semesters) <input type="checkbox"/> 10 Years(Semesters)		

4. Language Qualification

<input type="checkbox"/> Korean	<input type="checkbox"/> TOPIK(<input type="checkbox"/> Level 2 / <input type="checkbox"/> Level 3 / <input type="checkbox"/> Level 4 / <input type="checkbox"/> Level 5 / <input type="checkbox"/> Level 6) <input type="checkbox"/> Passing KKPT(Keimyung Korean Proficiency Test) <input type="checkbox"/> Completion of Keimyung Korean Language Center Level-3 Higher <input type="checkbox"/> Expected to Complete Level-3 from Keimyung Korean Language Center		
<input type="checkbox"/> English	<input type="checkbox"/> TOEFL iBT 80 Higher <input type="checkbox"/> IELTS 5.5 Higher <input type="checkbox"/> Holding Nationality of English Speaking Country		
Name of Korean Language Center other than Keimyung		Student Number of KMU Korean Language Center	

5. Admission Fee and Applicant's Account Information

Admission Fee Payment Method	<input type="checkbox"/> Cash <input type="checkbox"/> Account Transfer for Non-Chinese(Daegu Bank 910-003469-8925) <input type="checkbox"/> Account Transfer for Chinese(Daegu Bank 910-003469-9005)		
Admission Fee Amount	<input type="checkbox"/> KRW 65,000 <input type="checkbox"/> KRW 95,000(For practical test)		
Applicant's Account Information	Name of Bank		Account Number

* All the refunds will occur to the provided account

6. Affidavit of Financial Support

Name		Relationship		Occupation	
Contact Number		Address			
I guarantee that I will be responsible for this applicant's tuition fee and living expenses during applicant's study at Keimyung University.					
Date of Signature		Signature of Supporter			

7. Other information

Housing Information	<input type="checkbox"/> On Campus(Dormitory) <input type="checkbox"/> Off Campus	
Emergency Contact in Korea		Relationship
Address of Emergency Contact		

* The 1st priority of emergency contact in Korea is 'Immediate Family', Secondly 'Relatives' and Thirdly 'Other acquaintances' and if you do not have any of them, please leave the blanks.

I certify that all information submitted above is factually true and honestly presented. I understand that I may be subject to arrange of possible disciplinary actions by the information I certified be false.

Date of Submission		Admission Fee Confirmation
Name of Applicant		

To President of Keimyung University

Consent to Collect and Use Personal Information

<Consent to collect personal information>

Your personal information will be used only for proceeding your admission from Keimyung University.

1. List of personal information

Essential information: Information of applicants (name, alien registration number, passport number, address, mobile number, e-mail address, emergency contact number), Education Data (final education, name and phone number of secondary, middle and high school enrolled or graduating, Year of graduation), Statement of purpose

2. Purpose of collecting and utilizing personal information: proceeding admission for undergraduate program

To inform guideline of undergraduate admission

To search the information of the students who passed

To create academic record after the admission period

3. The duration of keeping and utilizing personal information: When the retention period is ended or the purpose is achieved, the information will be erased.

Consent to be collect and use your personal information? **Yes** **No**

※ Right to refuse to collect and use your personal information. However, if you choose to refuse it, your application will **not** be processed.

<Consent to collect and use unique identification information>

According to Article 73 of Higher Education Act in Korea, Graduate School of Keimyung University collects and uses applicant's unique identification information (identification number, alien registration number, passport number) for admission process.

Consent for us to collect and use your unique identification information? **Yes** **No**

※ Right to refuse to collect and use your personal information. However, if you choose to refuse it, your application will **not** be processed.

<Consent to provide personal information to the third party>

The information will be provided to the third party until the achievement of the designated purposes.
Do you consent to the recipient and the purpose of usage and the list of personal information?

Consent for us to provide to the third party? **Yes** **No**

※ Right to refuse to collect and use your personal information. However, if you choose to refuse it, your application will be processed.

**I fully understand the conditions of 『Consent to collect and use personal information』,
and give my consent to Keimyung University.**



계명대학교 교무교직팀(Academic Affairs Team of Keimyung University)

주소(Address): 1095 Dalgubeoldaero Dalseo-Gu, Daegu 42601, KOREA

전화(TEL): +82-53-580-6063 / 팩스(Fax): 82-53-715-2004 / 이메일(E-mail): arrow@gw.kmu.ac.kr

학력조회 동의 확인서(Consent for Release of Personal Information Form)

※ 외국대학에서 수학한 지원자는 필수로 제출하시기 바랍니다.(This form is mandatory for the applicants who graduated from college or university in foreign countries.)

Applicant Information(지원자 인적사항)

Table with 2 columns for Applicant Information: Name of Applicant, Date of Birth, Student ID Number, Name of Degree, Department and Major, Date of (Expected) Graduation.

Institution Information to Request Release of Academic Records(출신학교 정보)

Table with 2 columns for Institution Information: Name of Institution Graduated, Office in Charge of Student Records, Address of Institution Graduated, Phone/Fax No., E-mail of staff in charge, Web site of Institution Graduated.

본 서식에 서명함으로써, 계명대학교에게 본인의 학력관련 정보 확인 권한을 위임합니다. (By signing this form, I am giving my consent and hereby authorize Keimyung University to verify my degree and academic records.)

Form with two fields: 작성일(Date) and 서명(Signature)

※ 제공하신 정보는 학력조회를 위해서만 활용될 예정입니다.(The information you provide will be used only for the purpose of degree verification.)



Academic Affairs Team of Keimyung University

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TEL : +82-53-580-6063 / Fax: 82-53-715-2004 / E-mail: arrow@gw.kmu.ac.kr

Issuing Date:

Subject: Academic Record Verification Request

◆ Student's Name:

◆ Date of Birth:

◆ Gender:

Dear Sir/Madam,

We would like to ask for your assistance in confirming the authenticity of the attached document for the above person. Please complete the below with your official seal and return to this office at your earliest convenience.

Thank you for your kind cooperation in advance and we look forward to hearing from you soon.

Sincerely yours,

EunYoung Lee

Academic Affairs Team

Please complete the following information and return it to arrow@gw.kmu.ac.kr or 82-53-715-2004(fax)

I confirm that the document is/are: Authentic Not Authentic

Degree Earned: Bachelor Master Doctoral

Name of person completing this information :

Title :

Signature :

Name of Institution :

Date :

Comments(if any) :