



庆熙大学交换学生报名表
Kyung Hee University
경희대학교 교환학생 신청양식

- 请将本文件及时发给我们 / 지정 마감일까지 본 문서를 송부해주시기 바랍니다.
(截止日: 春季学期 11월15일/秋季学期 5월15일)/(마감: 봄학기 11월15일 / 가을학기 5월15일)
- 请用韩文或者英文填表 / 한국어 또는 영어로 기입해주시기 바랍니다.
- 如有问题, 跟负责人联系 / 궁금한 점은 담당자에게 문의 바랍니다.

所需文件 / 구비서류
<input type="checkbox"/> 外国留学生申请表 / 교환학생 신청서 <input type="checkbox"/> 在学证明书原本(英文) / 재학증명서(영문) <input type="checkbox"/> 大学成绩单原本(英文) / 대학성적표(영문) <input type="checkbox"/> 推荐信 (教授或外事办公室) / 추천서(교수 또는 외사처) <input type="checkbox"/> 学习计划(韩文或英文) / 수학계획서 (한국어 또는 영어로 기입) <input type="checkbox"/> 2张照片 (免冠正面照片): 3cmX4cm / 증명사진 2장 (모자를 착용하지 않고, 정면으로 찍은 것): 3cmX4cm <input type="checkbox"/> 护照复印件 / 여권사본 <input type="checkbox"/> 身份证复印件 / 신분증 사본 <input type="checkbox"/> 语言证明 (修本科和研究生专业课程必提交) / 어학성적표(학부 및 대학원 과정은 필 제출) <input type="checkbox"/> 入学计划书 / 입국계획 (春季学期 2月7日 / 秋季学期 8月8日 前用e-mail寄) <input type="checkbox"/> 体检表(Medical Assessment) / 건강진단서

■ **负责人**

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 韩国庆熙大学国际交流处
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■ **通讯地址**

#304 Administration Building, Office of International Affairs,
 26 Kyunghee-daero, Dondaemun-gu, Seoul 130-701, Korea

■ TEL : +82-2-961-0031~2 FAX : +82-2-962-4343

Application for Admission to Kyung Hee University Student Dormitory

Full Name / 姓名		
Age / 年龄	Sex / 性别 <input type="checkbox"/> Male/男 <input type="checkbox"/> Female/女	Marital Status / 婚姻状态 <input type="checkbox"/> Single/单身 <input type="checkbox"/> Married/已婚

Please choose one.(More information is available on website)
请选择下列一项 (更多的资料请参考学校网站)

Campus 校区	Dormitory 宿舍	Fees 费用 (四个月 · KRW) (2014年度)	Check 选择
Seoul Campus 首尔校区	世合园 (两人房) 在校区内 无料理设备	₩970,000.- (不附餐) (包含学生自治会费1万韩币)	<input type="checkbox"/>
	I-house I (1楼房间101, 102, 103, 104, 105, 106)	₩1,170,000.- (不附餐) (包含5万韩币押金)	<input type="checkbox"/>
	I-house I 除一楼之外的所有房间	₩1,210,000.- (不附餐) (包含5万韩币押金)	<input type="checkbox"/>
	I-house II (1楼房间101, 102, 103, 104, 105, 106)	₩1,130,000.- (不附餐) (包含5万韩币押金)	<input type="checkbox"/>
	I-house II 除1楼之外的所有房间	₩1,330,000.- (不附餐) (包含5万韩币押金)	<input type="checkbox"/>
	在外租房或自行处理		
Global(Suwon) campus 国际(水源)校区	Woojungwon (两人房)	₩1,540,000.- (包含10万韩币押金, 90张餐券)	<input type="checkbox"/>
	Woojungwon (三人房)	₩1,164,000.- (包含10万韩币押金, 90张餐券)	<input type="checkbox"/>
	在外租房或自行处理		

(1 US Dollar : 1,200won)

1. Please fax this form until November 15th (spring semester) / May 15th (fall semester).
请在春季学期 11月15日 / 秋季学期 5月15日 前传送此申请单
(Fax 82-2-962-4343)
2. We will try our best to accommodate you, but due to unforeseen occurrence, Please be aware that we might not be able to place your room according to your wish.
我们将会尽量按照学生申请的宿舍做安排, 但如有突然状况我们可能无法如学生申请的宿舍做安排, 请同学注意到这一点。
3. We will notify your final designated dormitory once confirmed in mid February(spring semester) And mid August(fall semester).
我们将会在2月中旬 (春季) / 8月中旬 (秋季) 通知学生对指定的宿舍做最后一次的确认。
4. The prices above are 2014 standard. It is subject to change.
此表格以2014年为基准 宿舍费有可能会变动。

入境计划书

입국 계획서

个人资料 / 개인정보

英文姓名/영문이름
中文姓名/중문이름
大学名称/소재대학명
专业/전공

入境计划/입국계획

抵达时间请以韩国时间为基准, 并请完整填写 / 정확히 기재요망, 한국도착 시간 기준 기입

出发城市(机场) / 출발도시(공항)		
目的地 / 목적지		
出发时间 / 출발시간	航班 / 항공편	抵达时间 / 도착시간
20 (am. pm)		20 (am. pm)

紧急联络处(中国联络人) / 비상시 연락처(중국 내 연락처)

姓名 / 이름	与本人关系 / 본인과의 관계
电话 / 전화	
地址 / 주소	

日期 / 일자 : 20

Medical Assessment

Please provide accurate information for the following questions.

NAME OF THE STUDENT:	SEX: (M/F)
DATE OF BIRTH: (YYYY/MM/D)	NATIONALITY:

QUESTION	YES	NO	EXPLAIN
① When and for what reason did he/she last consult a physician? (Please explain)			
② Have he/she had any serious ailment, injuries or diseases in the last five years? (If yes, please explain)			
③ Have he/she been hospitalized in the last two years? (If yes, please explain)			
④ Have he/she ever been treated by a doctor for any mental, emotional, or anxiety disorder? (If yes, please explain and attach medical evaluation report.)			
⑤ Have he/she ever been addicted to any substance? (If yes, please explain)			
⑥ Does he/she have any allergies? (If yes, please list them)			
⑦ Is he/she taking any prescribed medication? (If yes, please explain)			
⑧ Is he/she on a special diet? (If yes, please explain in detail)			
⑨ Have he/she ever suffered from depression? (If yes, please explain)			

※ THE ANSWERS MUST BE COMPLETED BY DOCTOR.

※ PLEASE ATTACH THE CERTIFICATE OF MEDICAL CHECKUP AS PROOF.

Date(YYYY/MM/DD)

Signature and name of the physician/doctor