

DUO-Korea Fellowship Programme Application for academic year 2014/15

ID number	Date of submission	
-----------	--------------------	--

HOME INSTITUTION (in KOREA)	
Name of Institution	
Address	Country: KOREA Zip Code: ..

1) CONTACT PERSON (should not be same as the information of the person of exchange)		
Last Name	First Name	
Position	Department	
Address	Country: KOREA Zip Code: ..	
Tel	Fax	
E-Mail		

2) INFORMATION ON THE PERSON OF EXCHANGE			
Last Name	First Name	Date of Birth (D/M/Y)	Gender
Nationality			
Applying field of study			
<input type="checkbox"/> Language & Literature <input type="checkbox"/> Social Science <input type="checkbox"/> Engineering <input type="checkbox"/> Natural Science <input type="checkbox"/> Fine Arts <input type="checkbox"/> Others (pls. specify):	<input type="checkbox"/> Language & Literature <input type="checkbox"/> Social Science <input type="checkbox"/> Engineering <input type="checkbox"/> Natural Science <input type="checkbox"/> Fine Arts <input type="checkbox"/> Others (pls. specify):	Current Major	
Grade (or how many years in attendance):		GPA	82- Fax
Tel		82-	82-
E-mail			
Institutional criteria for selecting above person to be exchanged: (Please, describe why your institution recommends above person for the fellowship in detail. You may add recommendation letters in attachment.)			

HOST INSTITUTION (in European Country)	
Name of Institution	
Address	Country: Zip Code:

1) CONTACT PERSON (should not be same as the information of the person of exchange)	
Last Name	First Name
Position	Department
Address	Country: Zip Code:
Tel	Fax
E-Mail	

2) INFORMATION ON THE PERSON OF EXCHANGE	
Last Name	First Name
Date of Birth	(D/M/Y) Gender
Nationality	
Applying field of study	<input type="checkbox"/> Language & Literature <input type="checkbox"/> Social Science <input type="checkbox"/> Engineering <input type="checkbox"/> Natural Science <input type="checkbox"/> Fine Arts <input type="checkbox"/> Others (pls. specify):
	Current Major
Grade (or how many years in attendance):	ECTS
Tel	Fax
E-mail	
Institutional criteria for selecting above person to be exchanged: (Please, describe why your institution recommends above person for the fellowship in detail)	
Confirmation on Agreement with Host Institution	
I, the contact person in the home institution, hereby confirm that the persons to be exchanged and the contact person in the host institution are all aware and agree that this application is submitted. (please, check the box at the right as appropriate)	
YES	

DESCRIPTION OF EXCHANGE PROGRAM			
From HOME to HOST Institution		From HOST to HOME Institution	
Type Of Exchange	STUDENT	STUDENT	
Duration Of Exchange	Applying UNIT	1 semester	Applying UNIT
	Starting Date		Starting Date
	Ending Date		Ending Date

PURPOSE OF EXCHANGE	
STUDENT	<input type="checkbox"/> Transfer of Credits
	<input type="checkbox"/> Others :
IF THIS APPLICATION IS FOR A STUDENT-EXCHANGE, PLEASE ANSWER BELOW:	
FROM HOME TO HOST INSTITUTION	How many credits for transfer?
FROM HOST TO HOME INSTITUTION	How many credits for transfer?

If your purpose of exchange is other than Joint/Double Degree, Transfer of Credit, Lecture, or Research, please specify in detail :

EXCHANGE DETAILS

IF THIS APPLICATION IS FOR A STUDENT EXCHANGE, DESCRIBE STUDENTS' CLASS SCHEDULE DURING

EXCHANGE

(This will be closely examined at the stage of selection by the Selection Committee. Language training course ONLY is not acceptable. Any change in course schedule should be duly reported to the Secretariat for approval.)

Class Schedule of the Korean Student :

Name of subject	Credit or ECTS	Comments if necessary.
Total		
		-

Class Schedule of the European Country Student :

Name of subject	Credit or ECTS	Comments if necessary.
Total		
		-

SOURCE OF FINANCE

Do you have other source of finance to fund for this exchange program, including room/board, airfare, stipend and others?

NO

If YES, please specify detailed information of other source of finance:

CERTIFICATION OF AUTHENTICITY

I hereby certify on my honor that the information provided in this application is correct and complete. Any provision of inaccurate or false information or omission of information will render this application invalid and that, if selected on the basis of such information, I can be required to withdraw from the award.

Date: _____
(Name) Contact Person of Home Institution:

(Name) President or Director of Institution:

Official Stamp of Institution :

- Please upload the MOU agreement between two universities.
- Please upload the copies of passport of two students.