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EWHA WOMANS UNIVERSITY

The Graduate School of Social Welfare

APPLICATION FORM

|  |  |  |  |
| --- | --- | --- | --- |
| Proposed Degree | Master | Proposed specialization | Social Welfare |

1. Personal Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | | *Last First Middle Maiden name* | |
| **Date of birth** | | (*yyyy-mm-dd*) | Photo  (within 6 months)  ( 4cm X 5cm ) |
| **Nationality** | |  |
| **Current address** | |  |
| **Phone** | |  |
| **Mobile Phone** | |  |
| **E-mail** | |  |
| **Fax** | |  |
| **Passport No.** | |  |
| **Person**  **to be notified in case of emergency** | **In**  **Korea** | Name: Relationship:  Address:  Phone: Mobile Phone: | |
| **Home**  **Country** | Name: Relationship:  Address:  Phone: Mobile Phone: | |

2. Academic Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Institution | City/Country | Period | Major/Degree | GPA |
| High School |  |  |  |  |  |
| College/University |  |  |  |  |  |
| College/University |  |  |  |  |  |
| College/University |  |  |  |  |  |

3. Language Proficiency

|  |  |  |
| --- | --- | --- |
| Native language |  | |
| Korean Proficiency | 1) Reading  2) Writing  3) Speaking | □ Outstanding □ Excellent □ Good □ Fair □ Poor  □ Outstanding □ Excellent □ Good □ Fair □ Poor  □ Outstanding □ Excellent □ Good □ Fair □ Poor |

4. Affidavit of Support

Indicate the person or organization that will be responsible for your tuition fees and expenses.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Relationship |  | Occupation  in case of a person |  |
| Phone |  | | |
| Address |  | | |

\* I guarantee that I will be responsible for the above-named applicant’s tuition fees and living expenses for the duration of academic program.

Name Signature Date

5. Payment of the application fee

- I have enclosed the application fee(70,000 won).

- Fees for the applicants from lower-income countries can be waived.

I certify that the information provided in this application is complete, true and accurate.

Signature Date