

DUO-Korea Fellowship Programme

Application for academic year 2016/17

ID number	DK2016-	Date of submission	
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HOME INSTITUTION (in KOREA)			
Name of Institution			
Address	Country : KOREA Zip Code:		
1) CONTACT PERSON <i>(should not be same as the information of the person of exchange)</i>			
Last Name		First Name	
Position		Department	
Address	Country : KOREA Zip Code:		
Tel	82-	Fax	82-
E-Mail			
2) INFORMATION ON THE PERSON OF EXCHANGE			
Last Name		First Name	
Date of Birth	(D/M/Y)	Gender	
Nationality	Korean		
Applying field of study	Language & Literature	Current Major	Language & Literature
	Social Science		Social Science
	Engineering		Engineering
	Natural Science		Natural Science
	Fine Arts		Fine Arts
	Others (pls. specify):		Others (pls. specify):
Grade (or how many years in attendance)		GPA	
If applicant is a graduate student, click in a Graduate box. (DO NOT select grade)			
Tel	82-	Fax	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)			

HOST INSTITUTION (in European Country)			
Name of Institution			
Address	Country : Zip Code:		
1) CONTACT PERSON <i>(should not be same as the information of the person of exchange)</i>			
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	(Please submit a copy of passport)		
Applying field of study	Language & Literature	Current Major	Language & Literature
	Social Science		Social Science
	Engineering		Engineering
	Natural Science		Natural Science
	Fine Arts		Fine Arts
	Others (pls. specify):		Others (pls. specify):
Grade (or how many years in attendance)	ECTS		
If applicant is a graduate student, click in a Graduate box. (DO NOT select grade)			
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	Undergraduate	STUDENT	Undergraduate
Duration Of Exchange	Applying UNIT	1 semester	Applying UNIT	1 semester
	Starting Date		Starting Date	
	Ending Date		Ending Date	
PURPOSE OF EXCHANGE				
STUDENT		Transfer of Credits		
		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

Class schedule of the European student:

Name of Subject	Credit or ECTS	Comments if necessary

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/Signature) Contact Person of Home Institution:

(Name/Signature) 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
- Please upload the transcript of two students
- Please upload the motivation letter of two students.
- This word version application is only for reference. Please do not submit this application by email. Only on-line submission is acceptable.

*** Authorized signature and official stamp are required **after** selection is made. There is no need for signature and stamp during application procedure.*