

[KHU OIA] Hello, New Inbound Student Mobility Manager

1 message

염지원(국제교류처 국제교류팀) <jiwony@khu.ac.kr>
Bcc: fro@ku.th

Wed, Feb 28, 2018 at 9:54 AM

Dear Partners,

Warm greetings from Kyung Hee University.

First of all, let me introduce myself.

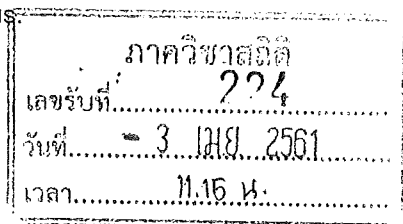
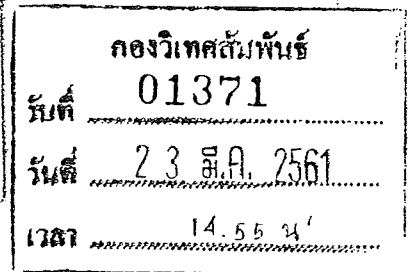
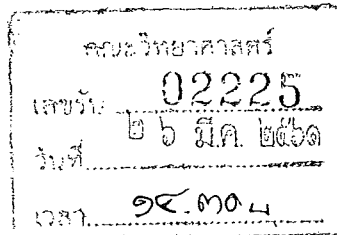
I am the new manager of inbound student mobility to Kyung Hee University, Seoul campus.
It is very nice to meet you and I look forward to the wonderful cooperation between us.

Thank you in advance.

Sincerely,

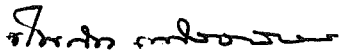
Jiwon Yeom

Student Mobility Manager, Office of International Affairs
Kyung Hee University
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② เรียน คณะศึกษาศาสตร์

เพื่อโปรดพิจารณาความเป็นไปได้ในการ
เสนอชื่อนิสิตเข้าร่วมกิจกรรมทางวิชาการในฐานะนิสิต
แลกเปลี่ยน ณ Kyung Hee University ประเทศเกาหลีใต้
รายละเอียดและกำหนดการรับสมัครตามเอกสารแนบ
ทั้งนี้ ผลเป็นประการใดขอได้โปรดแจ้งกองวิเทศสัมพันธ์
ทราบด้วย จะขอบคุณยิ่ง เพื่อจะได้แจ้งต่อผู้ประสานงาน
ของ Kyung Hee University



(รองศาสตราจารย์ ดร. ชไมภัค เตรสอนนต์)

รักษาการแทนผู้อำนวยการกองวิเทศสัมพันธ์

23 มี.ค. 2561

③ เรียน หัวหน้าภาควิชาสถิติ

เพื่อโปรดพิจารณาเสนอรายชื่อนิสิตเพื่อเข้าร่วม
กิจกรรมทางวิชาการในฐานะนิสิตแลกเปลี่ยน ณ Kyung
Hee University ประเทศเกาหลีใต้ โดยแจ้งรายชื่อนิสิตมา
ที่ คุณรัฐพันธ์ ภายในวันที่ 20 เมษายน 2561



(รองศาสตราจารย์ ดร. อภิสิทธิ์ สงเสนา)

คณบดีคณะวิทยาศาสตร์

30 มีนาคม 2561

④ เรียน ประธานฝ่ายกิจกรรมนี้

เพื่อโปรดพิจารณา



3 เม.ย. 61

Online Application and Required Documents

Welcome, Fall 2018 Inbound Exchange Students!

You have to submit the online application and the required documents by May 4, 2018.

<Application form>

※ Online Application

- Details about the online application as well as our exchange student program can be found here, http://oiak.khu.ac.kr/eng/program/global_campus.php
- When submitting the online application, make sure to press [Submit] button.
If you do not press [Submit] button, your application will not be submitted properly.
- Some locations in China blocks Google access. Please contact me at exchange_gc@khu.ac.kr for Microsoft Word version of the application form.

<Required Documents>

- All documents should be either in English or Korean
- Submit electronic copy via email at exchange_gc@khu.ac.kr

Documents		Deadline
1	Online Application Form (link above) or Application Form (paper)	
2	Copy of Passport (Color scanned, must be clear and legible)	
3	Certificate of Enrollment (This can be any format, but it must state that you are enrolled in your home institution and have the official seal on it)	
4	Copy of Official Transcript in English	
5	Medical Assessment Form	May 4, 2018
6	Tuberculosis Test Result	
7	1 Colored photo (white background and passport photo regulations apply)	
8	Recommendation Letter (any format with an official seal)	
9	Bank Statement (USD 3,800 or above for 1 exchange semester, USD 7,600 or above for 2 exchange semesters)	
10	Dormitory Application (Press <i>ESC</i> button to type info)	Applicants only
11	Dormitory Consent	
12	Copy of Flight itinerary	
13	Airport Pick-up Application	June 28, 2018
14	Copy of Medical Insurance Policy (must cover the entire duration of your exchange period)	

If you have any questions or concerns about the application procedure, please do not hesitate to contact me at exchange_gc@khu.ac.kr or +82-31-201-3961.

Thank you so much.

Regards,
Gina Kong.



Dormitory Consent Form

[우정원 거주 규정 동의서]

1. I understand that the dormitory fee must be fully paid within 3 days of receiving your student ID card.

기숙사비는 학생증 발급일로부터 3일 이내에 완납합니다.

2. I understand that I can only move out of the dormitory for health reasons or special circumstances that require me to return to my home country. In such cases, I will consult with the Dormitory Office and the Office of International Affairs, and submit documents for proof (such as a medical certificate or flight tickets).

질병이나 본국으로 돌아가는 경우와 같은 특별한 상황에만 기숙사를 나갈 수 있음을 이해합니다. 이러한 경우에는, 관련 서류(진단서 또는 비행기 티켓 사본)를 반드시 제출해야 합니다. 기숙사 사감실과 소속 부서와 상의합니다.

3. I understand that I will pay the dormitory fee for the period I resided in the dormitory if I am going back to my home country for above reasons.

위와 같은 사유로 퇴사할 경우, 본인이 거주한 기간만큼의 기숙사비를 지불합니다.

4. I understand that I will be entitled to pay the following amount of penalty if I move out of the dormitory for other reasons.

다른 어떠한 이유로 기숙사를 퇴실하게 되면, 다음과 같이 위약금을 지불합니다.

A. Undergraduate International Students and Inbound Exchange Students (who pay for the dormitory fee after moving in)

기숙사비 사후 지불 부서 외국인 학생

- No penalty if cancelled 7 days before moving in

입사일 7일전까지 입사 취소 신청 시 위약금 없음

- Penalty of KRW 100,000 will be charged if cancelled within 1 to 6 days before moving in

입사일 6일전 ~ 1일 전까지 입사 취소 신청 시 위약금(10만원) 지불

- Penalty of 20% of the entire semester dormitory fee and the dormitory fee for the period resided in the dormitory will be charged if cancelled after moving in

입사일 이후 퇴실 신청 시 위약금(학기 기숙사비의 20%)과 퇴실할 때까지 거주한 기간에 대해 일 단위로 비용 지불

** (Double room: KRW 10,000 per day, Triple room: KRW 7,000 per day)

(2인실: 1만원/1일 3인실: 7천원/1일)

Based on the rate in the academic year of 2017, it is subject to change.

2017년 기준으로 변동 가능

5. I understand that for other regulations not mentioned on this consent form will be handled according to the dormitory operation regulations.

기타 나머지 사항은, 현재 우정원 운영규정에 따릅니다.

Name of the student 이름 (signature, 서명)

Date 날짜(YYYY.MM.DD)

(signature, 서명)

경희대학교 우정원

외국인 입사 예약신청서

Dormitory Reservation Form

Room Type <input type="checkbox"/> [check] (인실)		<input type="checkbox"/> Double room (2 people)	
		<input type="checkbox"/> Double room (2 people) two-stories-bed with desk underneath	
		<input type="checkbox"/> Triple room (3 people)	
Name 성명 <small>Full Name (Last name, First Name)</small>		Major 전공(학과) <small>Major (Department)</small>	
Affiliation 소속[check]	<input type="checkbox"/> Language center 언어교육원	<input type="checkbox"/> GSP 국제대학원	<input type="checkbox"/> undergraduate studies 학부생
	<input type="checkbox"/> Chinese MBA course 중문 MBA 과정	<input type="checkbox"/> General graduate school *LAB CONTACT : _____ <small>일반 대학원 * 연구실 전화번호</small>	
Date of Birth 생년월일 <small>YYYYMMDD</small>	Student No. 학번 <small>XXXXXXXXXX</small>	Sex 성별 M <input type="checkbox"/> / F <input type="checkbox"/>	
Korean Mobile phone 한국 휴대폰 번호 <small>Leave blank if you don't have one</small>	Emergency Contact 비상 연락처		Country Code in Parenthesis for <small>(+82) 000-0000</small>
E-mail E-mail address	Nationality 국적		Nationality
Residence Period 거주 기간 [check]	<input type="checkbox"/> 1 Semester 4개월(한 학기)		<input type="checkbox"/> 5 Months 5개월(반기)
Check-in date (expectation)입사예정일	Will be informed to students later	Check-out date (expectation)퇴사예정일	YYYY.MM.DD
Roommate 룸메이트 신청	Name <small>Full Name (Last name, First Name)</small>	Date of Birth 생년월일	YYYY.MM.DD
	Name <small>Full Name (Last name, First Name)</small>	Date of Birth 생년월일	YYYY.MM.DD

Cautions (예약 시 주의 사항)

1. Please check again the room type and residence period you selected. 본인이 선택한 인실과 기간을 다시 한번 확인해주세요.

1 semester / 한 학기 (4개월)	5 months / 반기 (5개월)
August 24 ~ December 21	August 24 ~ Early February, 2019
8월 24일 ~ 12월 21일	8월 24일 ~ 2019년 2월 초

2. Available Check-in Dates will be informed later. (No Early check-in)

기숙사 입사 시작일은 추후에 공지될 예정입니다. (조기 입사 불가)

3. If you decide to move out before the date that you have agreed upon moving in, the dormitory fee will not be refunded.

본인이 신청한 거주 기간 중에 퇴사하는 경우, 기숙사비는 환불되지 않습니다.

※ special circumstances : a leave of absence / serious medical reasons / returning to the home country
due to cancellation of exchange program.

※ 환불 가능한 경우: 휴학 / 심각한 질병 및 병원에 입원하는 경우 / 교환학기 취소로 본인 나라로 귀국

Name : _____ Signature : _____

(please print your name and sign the form)

KHU DORMITORY WOOJUNGWON

Medical Assessment

Please provide accurate information for the following questions.

NAME OF THE STUDENT:		SEX: (M/F)
DATE OF BIRTH: (YYYY/MM/DD)	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.

※ THE CERTIFICATE OF MEDICAL CHECKUP IS MANDATORY TO SUBMIT FOR TUBERCULOSIS.

 Date(YYYY/MM/DD)

 Signature and name of the physician/doctor