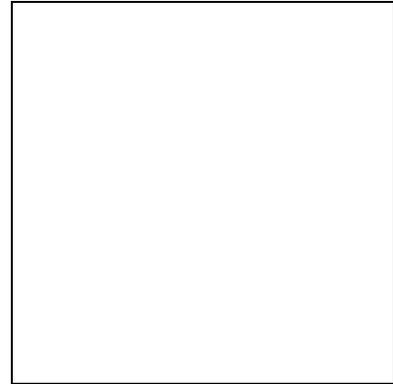


Application for the
UMASS BOSTON/KOREA UNIVERSITY
South Korea Exchange Program
For the Semester(s) _____



PERSONAL INFORMATION

Please use typewriter or print in blank ink

Name: _____

Present Address: _____

Permanent Address (if different): _____

Present Tel. #: _____ Permanent Tel. #: _____

Present Email Address: _____ Permanent Email: _____

Student ID Number: _____ Date of Birth: _____

In Case of Emergency Contact: _____ Contact Tel. #: _____

Emergency Contact Address: _____

Relationship to Student: _____

ACADEMIC INFORMATION

Present Institution: _____

Address of Institution: _____

Major: _____ Minor: _____ Number of Credits to Date: _____

Academic Average (GPA): _____ Graduate: _____ Undergraduate: _____

Include: Two 2x2 photographs, a 200 word essay (proposal of study), one academic recommendation, one official transcript

More Information

1. Do you presently have a diagnosed medical condition (i.e. depression, heart disease, asthma, cancer, other) that may or may not require medication? If so, specify: _____

2. What medication is prescribed and how often is it taken? _____

If prescribed medication is used regularly, it is recommended an adequate supply be obtained prior to departure to eliminate the possibility of its unavailability while abroad.

College Rules and Waiver

If I am accepted as a student of the UMass/Korea University Student Exchange program, I agree to follow the rules and regulations of the University of Massachusetts and Korea University, and of any other institutions working with Korea University. I understand that these rules are few and are primarily concerned with making certain that no one endangers himself or herself or interferes with the work of others. I understand that if a student persistently violates rules, he or she may be fined or (after a fair hearing) returned to his or her home at his or her own expense by Korea University. I also understand that I am responsible for any damage cause by myself to a residence, etc. and that in the event that any damage cannot be assigned to any individual, the cost will be paid on a pro-rata basis by the residents of that house. Since almost all UMass Boston and Korea University students have their own insurance, I understand that it is my responsibility to carry the proper insurance identification with me.

I further understand that a study abroad fee may be required in advance. Refunds can be granted only to those students whose written notices of withdrawal are received by UMass Boston two months before the start of the program in Seoul, South Korea. After this time no refunds are possible. In future years the same refund deadlines will apply.

I understand that UMass Boston and the Korea University reserve the right to make alterations in any aspects of its program (courses, fees, etc.) at any time. I am also aware that in any program involving travel, certain risks may be incurred. In consideration of the right to participate in any UMass/Korea University program, I, my heirs and assigns, do hereby assume all risks involved and agree to hold UMass/Korea University program, its directors and employees, and everyone else associated with it in any way without responsibility for damages or other liability or losses arising our of or in connection in any way with my participation in any activities arranged by UMass/Korea University activity. I understand that UMass Boston and Korea University publications may include statements by me or my photograph; I grant permission for such use. I understand this agreement will go into effect if and when I am accepted as a student by the University of Massachusetts Boston and that it will be construed according to the laws of the District of Columbia in the United States of America.

Student Signature _____ Date _____