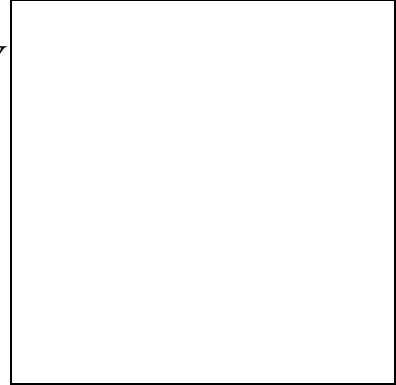


Application for the  
UMASS BOSTON/SUNGKYUNKWAN UNIVERSITY  
(SKKU)  
South Korea Exchange Program  
For the Semester(s) \_\_\_\_\_



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**

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## 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/Sungkyunkwan University (SKKU) Student Exchange program, I agree to follow the rules and regulations of the University of Massachusetts and Sungkyunkwan University (SKKU), and of any other institutions working with Sungkyunkwan University (SKKU). 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 Sungkyunkwan University (SKKU). 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 Sungkyunkwan University (SKKU) 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 Sungkyunkwan University (SKKU) 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/Sungkyunkwan University (SKKU) program, I, my heirs and assigns, do hereby assume all risks involved and agree to hold UMass/Sungkyunkwan University (SKKU) 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/Sungkyunkwan University (SKKU) activity. I understand that UMass Boston and Sungkyunkwan University (SKKU) 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 \_\_\_\_\_