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| **APPLICATION FOR THE FEELING KOREA PROGRAM** |

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| Name | \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_First Name / Family Name  |
| Nationality |  | Passport NO |  |
| Date of Birth | \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_ yyyy / mm / dd | Gender | [ ]  Male [ ]  Female |
| E-mail |  | Cell Phone |  |
| School Name |  |
| Course | [ ]  High School [ ]  Undergraduate [ ]  Master [ ]  Doctor |
| Major |  | Grade | [ ]  1 [ ]  2 [ ]  3 [ ]  4 |
| Date of Participation | [ ]  1st Session : 7.23~8.3[ ]  2nd Session : 8.6~8.17 |
| Pick-up & Drop-off | [ ]  I need Pick-up service [ ]  I need Drop-off service [ ]  I don’t need anything  |
| Language Proficiency | English | [ ]  Advanced [ ]  Intermediate[ ]  Beginner | Korean | [ ]  Advanced [ ]  Intermediate[ ]  Beginner |
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 All personal information will be retained and used for 2 yearsDate : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |