**Application Form**

**◇ Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Sex** |  |
| **University**  |  | **Nationality** |  |
| **Major**  |  | **Passport No.** |  |
| **Years in School**  |  | **Cellphone Number** |  |
| **Date of Birth**  |  | **E-mail** |  |
| **Korean Ability**  | Good( ) Average( ) Bad( ) | **English** **Ability**  | Good( ) Average( ) Bad( ) |

**◇ Transportation to Saemaul Undong Central Training Institute**

|  |  |
| --- | --- |
| **Transportation** | I will use the **shuttle bus pick-up** ( ) I will come on my own or by the school bus ( )　 |
| **Boarding Place****(Shuttle bus)** | Subway-Seohyeon Exit #2( ) |

*※ ( ⌵ ) Please check.*

*※ Pick-up shuttle bus will be operated at Seohyeon Subway Station Exit #2*

*starting from 11:30 am~12:30pm.*

**◇ Please send scanned copies of your student id and passport with this**

**application form by Oct 24 to globalsmu@naver.com or to your student administration office to be fully registered to this program.**

< Notice according to the personal information collected>

1. The purpose of collecting personal information: Identification and management of post- preparation programs
2. Personal information required: name, contact information ( phone number or cell phone number), passport number
3. Retention period of personal information will be disposed after the preservation period
4. Preparation∙Operation for other Saemaul Training for foreign students in Korea and work for post management.
5. If you do not agree to the collection and use of personal information as stated above, you may have difficulty in participating in this training.

Do you agree to the use of your personal information collected above? **Agree □ Disagree □**

**I hereby register to the 2014-2 SMU training program.**

**2014. . .**

**Name: (Signature)**

*※For further inquiries: Saemaul Undong Central Training Institute (*[*www.sucti.net*](http://www.sucti.net)*)*

*E-mail (**globalsmu@naver.com**), Tel : 02-2600-3644, 3685*