**HANYANG UNIVERSITY**

**韩国语研修申请表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名  Name | | 姓  Family Name | | | 汉字 拼音 | | | | | | | |
| 名  Given Name | | | 汉字 拼音 | | | | | | | |
| 国籍  Nationality | |  | | | 性别  Gender | | |  | | | | |
| 护照号码  Passport No. | |  | | | | | | 护照有效期  Valid until | | | |  |
| 出生日期  Date of Birth | | 年 月 日  Year Month Day | | | | | | 婚姻状况  Marital Status | | | |  |
| 出生地  Place of Birth | |  | | | | | | | | | | |
| 宗教信仰  Religious Belief | |  | | | | | | 健康状况  Physical Status | | |  | |
| 最后学历  Highest Academic  Degree Obtained | |  | | | | | | 专业  Major | | |  | |
| 现学习或工作单位  Current Employer or College Affiliated | | | |  | | | | | | | | |
| 永久通讯地址  Permanent Address | |  | | | | | | | | | | |
| 本人联系方式  My Contact Information | | | 电话Tel./Mobile | | | | 传真Fax No. | | | 电子邮件 E-mail | | |
|  | | | |  | | |  | | |
| 紧急事务第一联系人  Contact on Emergencies | | | 姓名Name | | | | 电话Tel./Mobile | | | 电子邮件 E-mail | | |
|  | | | |  | | |  | | |
| 保险  [Insurance](http://endic.naver.com/popManager.nhn?m=search&query=insurance) | 无 / 有 | | | | | 韩语水平  Proficiency of Korean Language | | | 韩语学习时间 | | | |