

韓國大學校互惠語文研修獎學金申請表

Application Form for Korean Universities' Korean Language Learning Reciprocal Scholarships September, 2026 - February, 2027

INSTRUCTIONS:

This application form should be typed and completed by the applicant. Each question must be answered clearly and completely. Detailed answers are required in order to make the most appropriate arrangements. If necessary, additional pages of the same size may be attached. 申請人請詳實工整填寫，慎勿遺漏，以利配合作業，如有需要，可自行以同款紙張加頁說明。

1. PERSONAL DATA 個人基本資料

a. NAME 英文及中文姓名 名	Title 稱謂: Mr./Mrs./Ms. Surname (Last name) 姓: Given Name(s) 名: Chinese Name 中文姓名:	Please attach a photograph that has been taken within the last 3 months. 最近三個月相片
b. PLACE OF BIRTH 出生地		
c. NATIONALITY 國籍		
d. CONTACT INFORMATION 聯絡地址、電話、電子郵件(請務必留下可連繫之本人及學校承辦人電話及電子郵件)	Permanent Address 永久地址: Mailing Address (If different from above) 郵寄地址: Telephone 電話: E-mail 電子郵件: 目前就讀學校: 學校承辦人姓名、連絡電話及電子郵件:	
e. SEX 性別	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	
f. MARITAL STATUS 婚姻狀況	<input type="checkbox"/> Single 單身 <input type="checkbox"/> Married 已婚	

9. DATE OF BIRTH 生日	(Day 日 / Month 月 / Year 年):
h. Exchange Experience (Previous/Curent) 曾否赴韓交換	<input type="checkbox"/> Naver 否 ; <input type="checkbox"/> Yes, from (dd/mm/yr) to (dd/mm/ry) ; 是, 起訖日期 ; School Name 交換學校名稱 : _____
i. HEALTH CONDITION 健康狀況	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair
j. ANY CHRONIC DISEASES 慢性病	<input type="checkbox"/> None 無 <input type="checkbox"/> Yes 有 If yes, Please specify. 如有請指明
k. CONTACT PERSON, IN CASE OF EMERGENCY 緊急事件聯絡人	Name 姓名: _____ Relationship 關係: _____ Address 地址: _____ Tel 電話: _____ E-mail 電子郵件: _____

2. LANGUAGE PROFICIENCY 語言能力

LANGUAGE PROFICIENCY 語言能力	COMPREHENSION 聽			READING 讀			WRITING 寫			SPEAKING 說		
	Excellent 優	Good 良	Fair 可	Excellent 優	Good 良	Fair 可	Excellent 優	Good 良	Fair 可	Excellent 優	Good 良	Fair 可
KOREAN												
ENGLISH												
Other (please state)												

3. EDUCATIONAL BACKGROUND 教育背景

Level 程度	Name of Institution 校名	Country/City 地點	Period of Enrollment
Secondary Education 高中			
Undergraduate Level Education 大學			

Graduate Level Education 研究所			
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4. REFERENCES 品行證明人/推薦單位人資料

Name 姓名	Position 職務	Phone , E-Mail or Mailing Address 電話及郵電地址

5. PLACE PRIORITIES ON KOREAN UNIVERSITIES WHERE YOU HOPE TO STUDY AT 選填就讀學校志願順序

志願學校可填 **7** 所，未填滿者，若志願不符將直接不予分發，不再個別詢問是否增填志願。

1st choice 第一志願學校	2nd choice 第二志願學校	3rd choice 第三志願學校	4th choice 第四志願學校	5th choice 第五志願學校
6th choice 第六志願學校	7th choice 第七志願學校			

6. PLEASE BRIEFLY STATE YOUR STUDY PLAN WHILE IN KOREA 請簡述在韓讀書計畫

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7.DECLARATION:

I declare that:

- The information I have given on this application is complete and accurate to the best of my knowledge.

Applicant's Signature

Date

____ / ____ / ____