**2024 HIP(Halla International Pioneer) Program Application**

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| **1.** | **PERSONAL INFORMATION** |  |  |
|  | **Full Name:** | |  |
|  | First name Middle Name Last/Family name | |  |
|  | **Date of Birth:** **Gender:** M F | |  |
|  | Day Month Year | |  |
|  | **Country of Citizenship:** | |  |
|  | **E-mail Address:** | |  |
|  | **Predominant language spoken in your home:** | |  |
|  | **Korean Language Course Level Preference:**  Beginner(I do not know any Korean) Intermediate(I know some Korean) | | |
|  | **Emergency Contact Information:** |  |  |
|  | Name: Relationship: | | |
|  | Address: | | |
|  | Mobile Phone: Email: | | |
|  | **Dietary Preferences:** None Vegetarian Muslim Other( ) | | |
|  | **Medical Conditions: Allergies:** | | |
|  | **Other remarks about your health condition:** | | |
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| **2.** | **EDUCATIONAL INFORMATION** |  |  |
|  | **Name of Institution you're currently enrolled at:** | | |
|  | **Academic Field:** | | |
|  | Major Name of Department & College | | |
|  | **Advisor's Contact Information**  **(at your home institution):** |  |  |
|  | Name: Position: Department: | | |
|  | Address: | | |
|  | Mobile Phone: Email: | | |
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|  |  |  |  |
| **3.** | **PARTICIPATION CERTIFICATION** |  |  |
|  | *"By signing this form I certify that all the information I have provided is true, and I confirm* | | |
|  | *to participate in the 2024 Halla International Pioneer program."* | | |
|  |  |  |  |
|  |  | | |
|  | Name Signature Date | | |
|  |  |  |  |
|  |  |  |  |
| **4.** | **TRAVELING INFORMATION** |  |  |
|  | You may submit this information later on through email (ilove.halla@halla.ac.kr), but no later than May 31st. | | |
|  |  |  |  |
|  | ***Arrival at Incheon International Airport.*** | | |
|  | **Date and Time: Airline and Flight Number:** | | |
|  | **Departing City: Country:** | | |
|  | **Pick-up Service:** 2024 June 27th (Thu) 2024 June 28th (Fri) I do not need the pick-up service. | | |
|  |  |  |  |
|  | ***Departure from Incheon International Airport.*** | | |
|  | **Date and Time: Airline and Flight Number:** | | |
|  | **Arriving City: Country:** | | |
|  | **Drop-off Service:** 2024 July 20th (Sat) 2024 July 21st (Sun) I do not need the drop-off service. | | |