

Intercultural Institute of California

1362 Post Street, San Francisco, CA 94109

Phone 415.441.1884 Fax 415.885.4155 E-mail: info@iic.edu



Application for Graduate Admission 2003-2004

Please attach \$65 (US) application fee payable to: Intercultural Institute of California. The fee is non-refundable and may not be transferred to another term. Please print responses in blue or black ink. Response to all items is required unless otherwise indicated.

Master of Arts in Korean Studies

1. This is an application for the Degree program Extension program
2. For the semester Summer 2003 Fall 2003 Spring 2004
3. I am applying for M.A. Degree in *Professional Application* *Teaching Korean as a Foreign Language*
4. Legal Name:

Last name First Middle Initial

5. Other names that may appear on your academic record:

Last name First Middle Initial

6. Social Security Number

7. Date of Birth month day year
8. Sex (enter M or F)

9. If you have previously applied to the IIC, please list the following:

Date of application: Term Year Last term attended: Term Year

Previous student identification number:

10. Current mailing address:

Street number Street name Apartment

City State/Country Zip code

11. Permanent address if different from current mailing address

Street number Street name Apartment

City State/Country Apartment

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12. Contact Information:

Telephone

Home _____ Work _____

13. E-mail _____ Fax _____

14. What is your initial degree objective? ___MA ___ none

15. Country of citizenship _____

16. Enter your citizenship code in box ____

C- US citizen

I- Immigrant I-551 (“green card”) Date Issued: _____

O- other (specify) _____

N- none of the above

17. Enter your ethnic code in box (optional) ____

N-Native American

A-African-American, non-Hispanic

H-Hispanic

C-Chinese

I-Indian

J-Japanese

E-Caucasian

K-Korean

P-Pacific Islander

O-Other Asian

X-Other _____

18. If you have any physical, perceptual, learning, or psychological disabilities, enter a “Y” in the box. You may be notified of special services available to accommodate your disability. (Optional) ____

19. Print the names and locations of *all* universities and colleges attended. Begin with the last institution attended. Attach a separate sheet if necessary. For course work in progress, see number 21.

All Institutions		Enrolled		Number of Transferable Units Completed	Degree/ Major Completed	Date (to be) Received	
School Name	Location	From mo./yr.	To mo./yr.			mo.	year

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20. List below the college courses in which you are currently enrolled and the additional courses you plan to complete before entering, including summer school. Attach a separate sheet if necessary.

COURSES IN PROGRESS

Institution	Term/Year	Department Course Number and Title	Unit Value
TOTAL UNITS IN PROGRESS			

COURSES PLANNED

Institution	Term/Year	Department Course Number and Title	Unit Value
TOTAL UNITS PLANNED			

21. Academic honors (scholarships, awards, publications) _____

22. Please list your first language _____

Indicate your proficiency in other languages in which you have competence.
Rate yourself = **E** - excellent, **G** - good, **F** - fair, **P** - poor

Language	Reading	Writing	Speaking

Years of instruction through English _____

23. **Test Scores.** List standardized US graduate admissions tests taken/scheduled: GRE, TOEFL, TOEIC, GMAT, TWE, NTE, CBEST, etc. Official test reports must be sent to the office of admission directly from the testing service.

Test	Date Taken/Scheduled	Scores Received	Date Scores Requested
GRE		verbal _____% quant. _____% analytical _____%	
TOEFL		scaled scores: Sec.1 ____ Sec.2 ____ Sec.3 ____ Total ____	
Others:			

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24. List all applicable employment. Include military service but omit summer and part-time work not relevant to your career or academic goal. Indicate your present employer, if now employed.

Employer	Job Title/Position	Dates

25. List below the two faculty members who best know your academic and /or professional qualifications, including performance, potential, and motivation. Request these individuals to send letters of reference directly to the Korean Studies Graduate Admission Office.

Name	Address	Position/Title and Institute or Organization

26. **Statement of Purpose.** On a separate sheet (or sheets), write a brief statement of purpose describing reason(s) for pursuing the Master's Degree in Korean Studies. Include any information that is relevant to your specified objective. You may also attach a resume in addition to your statement.

I certify that the information submitted in this application is true, complete, and accurate. I understand that any misrepresentation will be grounds for denial of admission.

X

Signature

Date

Use of Social Security Number - The Intercultural Institute of California uses the social security number for student records. If you do not have a social security number at the time you file your application, leave the item blank ; the Institute will assign a substitute number.

27. How did you learn about the Korean Studies program at the IIC? _____
